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ABSTRACT

This report covers 5 regional seminars designed to increase the Veterans Administration understanding of Vietnam Era veterans. The process used was one of involvement and interaction of Veterans Administration officials with returning Vietnam Era veterans and other young people. After the traditional introductions and keynote remarks, there was a series of three consecutive panels: (1) veterans who had served in Vietnam; (2) young VA employees who had also served in Vietnam; and (3) the three top leaders of the VA. Informality, spontaneity and audience participation were emphasized throughout. The panels were then followed by small discussion groups containing a diversity of members to continue the interaction process. Excerpts from the three panels contained in this report were selected on the basis of representativeness. They reflect the range of experiences, concerns, and problems expressed by Vietnam Era veterans at the seminars. (Editor/HS)

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**Administrator's Seminars
on
Vietnam Era Veterans**

THE VIETNAM ERA VETERAN: CHALLENGE FOR CHANGE



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COMPREHENSIVE SUMMARY OF PROCEEDINGS

Seminar Locations:

Washington, D.C.	April 19, 1971
New York, New York	April 23, 1971
Salt Lake City, Utah	April 30, 1971
Houston, Texas	May 6, 1971
Chicago, Illinois	May 14, 1971

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PERSPECTIVE

Responsibility for action follows recognition that need for action exists. The returning Vietnam veteran clearly constitutes such a challenge to the Veterans Administration.

Many important steps have been taken beginning in the mid-60's in anticipation of the needs of our newest veterans. When they first began returning in large numbers in 1970, the Department of Medicine and Surgery, acting through a specially established Vietnam Era Veterans Committee, surveyed every one of its health care facilities. The objective was to learn more about these young veterans by obtaining the pooled observations, impressions, and judgments of the professional staffs of each facility. The results indicated that these veterans were different in many respects and that if we were to meet their needs, basic changes in VA methods and operations were essential.

To assure rapid change, everyone in positions of authority in the Veterans Administration took part in one of five regional all-day seminars during a period of twenty-six days in April-May 1971.

To assure appropriate change, a critical, open self-examination process was utilized in which our newest veterans and other young people played major roles.

The success of our efforts cannot yet be determined; however, this report is a summary of what was done, what was learned, and what we must yet do.

DONALD E. JOHNSON
Administrator of Veterans Affairs

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ACKNOWLEDGMENTS

These meetings would not have been possible without the willing participation of our returning Vietnam veterans and other young people. We can all take pride in today's youth who by their openness and sincerity throughout these seminars have shown a dedication to the process of constructive change and faith in the responsiveness of public institutions.

A special debt of appreciation is also owed to host stations who not only contributed the time and efforts of so many members of their staffs but also recruited from their facilities the young veterans and young employees who told it like they saw it, with no immediate opportunity for those stations to answer criticisms, correct inaccuracies, or otherwise balance the record.

M. J. MUSSER, M. D.
Chief Medical Director

OLNEY B. OWEN
Chief Benefits Director

EDITOR'S NOTE

The five Regional Seminars sought to increase understanding by a process of involvement and interaction of Veterans Administration officials with returning Vietnam Era veterans and other young people.

After the traditional introductions and keynote remarks, there was a series of three consecutive panels.

First, veterans who had served in Vietnam.

Second, young VA employees who had also served in Vietnam.

Third, the three top leaders of the Veterans Administration.

Informality, spontaneity and audience participation were emphasized throughout.

The panels were then followed by small rap groups containing a diversity of members to continue the interaction process.

Excerpts from the three panels contained in this report were selected on the basis of representativeness. They reflect the range of experiences, concerns, and problems expressed by Vietnam Era veterans at the Seminars.

CHARLES A. STENGER, Ph.D.
Chairman, Vietnam Era Veterans Committee

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"The entire leadership of VA has now been exposed to the Vietnam Era veteran.....out of this has grown not only increased understanding.....but respect and appreciation for them for what they have been through..... the impact of the Seminars is to intensify efforts at all levels."

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"For the benefit of all those people who are interested in a more responsive government, I want to describe a Veterans Administration program which provides a model in developing new avenues of communication between a government agency and the public it serves."

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America's Wars, Participants and Living Veterans

Vietnam Casualties

Utilization of VA Health Care Benefits

Utilization of VA Educational Benefits

I.

PROGRAM OF SEMINARS

Perspective

The Vietnam Era veteran constitutes a unique, complex, and major challenge to the Veterans Administration and to the nation. Unique in that these are the first veterans who, despite their service and sacrifices, are not assured of the respect and appreciation of their countrymen; Complex in that today's veterans are full members of a generation of young people who have lived their entire lives in a period of rapid and unprecedented changes in our society; Major in that VA, because of its involvement in the lives of millions of young men who served their country, has been given an opportunity to play a significant role in enabling young people in general to have confidence in their country and to seek meaningful and constructive patterns of living.

Conference Purpose

Achieve informed and active leadership of all staff holding positions of authority in DM&S and DVB to the task of effecting needed changes in attitudinal, operational, and institutional policies and procedures governing the delivery of benefits to young veterans.

Conference Objectives

Stimulate greater awareness and appreciation of the young veteran as a person; what it was like and what it meant to be in Vietnam; the impact of re-entry into civilian life; and expectations and experiences with VA.

Stimulate greater understanding of complex issues and problems confronting contemporary America--and recognition of the unique opportunity of VA to contribute to their solution.

Demonstrate the determination of VA to be worthy of public confidence as a responsive, flexible federal agency that will meet its commitment to serve those who most recently served their country.

Conference Preparations

Review Chief Medical Director's Letters of September 1, 1970 and December 22, 1970, other pertinent information on young veterans and today's society, and be prepared for active participation in discussion groups with young veterans and young employees.

PROGRAM AGENDA

- | | |
|--|--|
| <u>Welcome</u> | - Host Station |
| <u>Invocation</u> | - VA Chaplain |
| <u>Moderator's Opening Remarks</u> | - Charles A. Stenger, Ph.D., Chairman
Central Office Vietnam Committee |
| <u>Setting the Tone of Conference</u> | - Donald E. Johnson, Administrator
of Veterans Affairs |
| <u>The Vietnam Conflict Close-up</u> | - ABC Documentary "To Save A Soldier" |
| <u>Telling It Like It Was And Is</u> | - Panel of Vietnam Veterans |
| <u>Perception and Critique from
Both Sides</u> | - Panel of Young VA Staffers who are also
Vietnam Veterans |
| <u>View from Top</u> | - Panel of Officials

Donald E. Johnson, Administrator
M. J. Musser, M. D., Chief Medical Dir.
Olney B. Owen, Chief Benefits Dir.
Benjamin B. Wells, Deputy Chief Medical
Director * |
| <u>Rap Groups</u> | - Interaction Groups of Seminar Participants
with Young Veterans and Other Young
People |
| <u>Conference Wrap Up</u> | - Panel Discussion of Strategies for Sub-
sequent Station Action |
| <u>Request for Post-Conference
Feedback</u> | - Assessment, Implications, Suggestions |

* Represented Dr. Musser at several of the seminars.

II.

INVOCATION

Chaplain Roger Braaten
VA Central Office

Father, we know something about communicating;
Joy, and appreciation,
Pain and loneliness,
Tears, heartbreak, grief,
Gunshots, violence, wounds, blood,
Neglect, indifference,
Love, tenderness,
Words, gestures,
Hatred,
Loss,
Abandonment,
Sleep,
Death,
No words.

Eternal God, we cannot not communicate. You have not made
us this way. Our Prayer? He that has eyes, let him see
the one next to him. He that has ears, let him hear the
one next to him. He that needs us to go one mile, let us
go two with him.

Amen

III.

MODERATOR'S INTRODUCTORY REMARKS

Charles A. Stenger, Ph.D.

Ladies and gentlemen, the top leadership of the VA in Central Office and all field stations in this geographical area are represented here today. We are here to take part in a bold yet difficult experiment and a very serious one. It involves taking an honest and critical look at ourselves and it invites our newest veterans and our youngest employees to participate in this self-examination process. Perhaps no public agency as yet has willingly attempted to try such an open approach. Only an agency proud of its achievements and confident of its personnel could attempt it.

Our purpose is change. The impetus is the returning Vietnam veteran. To put the importance of this meeting in the broadest possible perspective, let me quote several portions of an unusual statement made very recently. I'll tell you who the author is after reading the quotes and you are in for a surprise.

"Each generation adapts to this world in its own way, with its own words, and its own behavior. It would be serious if generations were no longer able to understand each other, work with each other, and even respect each other. This danger is especially serious when the evolution of life styles accelerates as is the case today.

"Some of the causes: A profound change in religious conscience and in the ethics this implies; the increasing urbanization and mobility which have modified the family structure. It would be a serious mistake for adults to confuse uninhibited appearances and customs with the basic principles of life in our society. There is no reason to oblige youth to wear short hair or long, to oblige them to prefer classical music to concrete music, or to oblige them to follow what others have done without knowing why! Let us therefore reject all discrimination--all feelings of distrust toward young people who are different from us at least in appearance. The problem of authority and understanding are not separate, both are indispensable. One without the other is destructive. The systematic protest which characterizes young people is an implacable indicator of our own equilibrium and weaknesses."

Who said this? The Premier of France in Paris on March 29, 1971. Today's veteran is a full member of this generation and it should be no surprise that he is different from veterans of earlier wars. He is different not only in values, life style, mode of dress, but also in how he responds to life. This is most obvious in his assertive, perhaps irreverent response to authority. He is neither impressed by, nor inhibited by, the status of others. This is disturbing and even irritating to those of us who are products of a succession of generations that value status and position highly.

Perhaps more than we wish to admit we are bothered by the fact that those of us in this room have struggled long and hard to achieve our current positions of authority, responsibility and status, only to now find that those younger than we are not at all impressed! In fact quite the opposite. They are very likely to view our level of authority as an indicator of the extent to which we have sold out to the "System," and have sacrificed basic human values in the process for our own personal prestige, security, and material gain.

Now you may not agree with their conclusion but you would be kidding yourself not to recognize that large numbers of youth hold such views. It serves no constructive purpose, only our own vanity, to respond by putting them down for such outrageous views. We gain, as do they and our way of life in this society, by undefensively looking at where they may be right rather than to react only to where they are wrong!

How do you reach young people today? Not by insisting they accept and adjust to what we say in an unquestioning way, for they will not. Not by our giving in on every point, to every demand, for they recognize this does not show respect. But instead by honest, open, individualized human interaction and communication. Young people are echoing a timeless concern for human relationships based on the intrinsic worth of each human being that does not diminish because of different positions of authority, because a person is well rather than ill, or simply because one person is older than another!

Let us put aside our feelings about their "irreverent manner," "peculiar appearance," and their countless other faults which we "naturally" have mastered in ourselves. Let us, instead, hear them out!!! Let us, in our "maturity and wisdom," seek to understand the causes of their concerns, disappointments and bitterness and to listen undefensively to their complaints.

And let us remember these young veterans have not been accorded treatment as heroes or even recognized for what they have faced. Let us, at least, accord them the respect shown by listening openly and sensitively to them TODAY!!

We are fortunate to have leading the VA at this critical time a man with wide breadth of understanding and demonstrated leadership abilities. He knows what it is like to serve his country for he is a combat veteran of World War II. He knows and has long been involved in the problems that confront all veterans, old and new, for he is a past Commander of the American Legion. He knows what it is like to deal with young people for he has 9 children of his own! He has had to bridge the generation gap--or at least to try--for his own survival and piece of mind!! Ladies and Gentlemen, Mr. Donald E. Johnson, Administrator of Veterans Affairs!

IV.

REMARKS OF ADMINISTRATOR OF VETERANS AFFAIRS

Donald E. Johnson

Good morning and thank you for giving our Vietnam Era veterans the time and interest and concern required for your participation in this very important seminar.

I cannot tell you what will happen here today because our program can be no more stereotyped than its subject, the five million Vietnam Era veterans now back in civilian life - and the millions who will be getting out of service in the future. But I can tell you why we are here. We are here to bring about change. Needed change. Not a change in direction however because the basic reason for being of the Veterans Administration is timeless.

Our mission, articulated so simply and eloquently by Abraham Lincoln, "to care for him who shall have borne the battle and for his widow, and his orphan" is as old as America itself. In fact older. Long before we were a nation the Colonies recognized and met their responsibilities to those who served in their defense especially those disabled in this service - and to the families of those who died in this service.

Our challenge is to achieve our unchanging objective in today's changed and everchanging society. And to do so as rapidly as possible. I am certain that for everyone in this audience life today bears little resemblance to yesteryear. I say this fully cognizant of Horace Greeley's observation that "The illusion that times that were are better than those that are, has probably pervaded all ages." It isn't only the young however whose life style has been changed so dramatically and extensively. All of us whether we are senior citizens or have just become eligible for the "life begins at 40 club" all of us have experienced and are today living with change. If you think you are the exception then ask yourself why it is that the older you become the more uptight you get as you try to cope with life and the impersonal, computerized policies and practices of the institutions public and private alike which influence if, in fact, they do not control our lives.

With this preface, let me suggest that even though we are prepared to accept change as the name of the game we still may be in for a few surprises today as we listen to and interact with young people and with our peers and elders. Let me also ask each of you to react candidly and openly not only during today's seminar but at every opportunity in the future. Perhaps the greatest surprise our younger participants will experience will be the realization at the end of today's session that those of us over 30 and in positions of authority can listen and have listened to them.

Listening as I understand the word and the act means more than just hearing. Most importantly, it means respecting the other person's right to have views that differ from our's. It means seeking to understand. This does not and should not require unanimity of thought and opinion. But it does and should make mandatory a personal standard of thinking and conduct which never categorically rejects a differing idea and which never "puts down" the person who expressed an idea with which we might not agree.

I hope that everyone, including all of you, will be surprised by the way the Veterans Administration can respond to the needs of our Vietnam veterans and, in fact, all of America's veterans whom we serve every single day of the year.

I am sure that all of my VA associates here today are fully aware of the new benefits that a grateful nation has provided our Vietnam veterans. And you know of our OUTREACH efforts to tell Vietnam veterans about these benefits, including high quality VA hospital and medical care, that is constantly improving. But you might have to jog your memories a bit to recall all of the studies that have been underway since 1963 to identify the changing needs of our younger hospital patient population. These studies, other research, and the work of the VA Central Office Vietnam Veteran Committee, all of these on-going activities have sharpened our awareness of the problem areas we now face in seeking to better serve our Vietnam veterans. They have also served to help identify problems that are still down the road a piece.

Now there may be some who would look at this bit of history and say: "This is what VA has already done for our Vietnam veterans. Is there need to do more?" To them I would say in a word YES. To find out what more must be done and how it can be done more quickly and effectively is the purpose of this Vietnam Era Veteran Seminar, just as it was the purpose of two earlier seminars, and will be the purpose of two more seminars to be held within the next two weeks. Obviously, this needed concentration of thought and effort on behalf of our Vietnam Era veterans cannot derogate our responsibilities and, I assure you, will not diminish in the slightest our service to older veterans. The 23 million living veterans of the Korean Conflict, World War II, World War I, and the Spanish-American War need never fear that VA programs for them will suffer because we want to give and will give the Vietnam veteran the same degree of attention and understanding they were given in the most difficult period of their readjustment following military service.

What we have done and what we will yet do for Vietnam veterans have historical precedent as you well know. More than this they have the stamp of approval of the American people who have always accepted their responsibility to their fellow citizens who fought our nation's wars. Initially, this responsibility was met by taking care of the wounded. But it has been broadened to ease the transition from military to civil life for all veterans, not just the wounded.

The Vietnam veteran is now in the transition stage and it is only right that he receive the special attention now being given to him. And this right obtains regardless of the number of Vietnam Era veterans involved.

If the present G. I. Bill education and training program is any criterion, then we can positively assert that our Vietnam Era veterans are readjusting to civilian life and give every indication that they will ultimately make the most successful transition from military to civil life of any veterans' group in history. It is our job in VA, of course--I should say it is our privilege in VA to help them achieve their great potential.

If we are to be successful in our endeavors, however, we must first examine our attitudes and our reactions toward our Vietnam Era veterans. We must do so for the very simple reason that most of us in VA have not had the opportunity to serve young veterans their age for a generation or more. Not since World War II or the Korean Conflict, when some of the veterans we served were our contemporaries, have we thought young and acted young and reacted young. I foresee no great difficulty, however, in making the readjustment in our attitudes and reactions which we must make. To begin with we can learn from youth and they from us. And we can profit in the process, especially if the drive and idealism of our Vietnam Era veterans can rekindle the drive and idealism that once made our lives so exciting and promising.

How often have you been told--in fact, how often have you told yourselves--that the trouble with today's youths is that we have been too soft on them, that we have given them too much? If this is true then I have nine reasons at home to reap the consequences. However, I don't think it is true certainly not of the five million Vietnam Era veterans now back home. What have they been given? The opportunity for at least half of them to risk their lives in a most difficult and confusing conflict while their fellow-Americans go right on living a normal life with little thought or realization of what they went through? But that's only part of it. Nearly half of VA's 170,000 employees are veterans. I myself served with the United States Army in combat in Europe during World War II. But I would be the last to suggest that I have even the faintest concept of the kind of war our Vietnam veterans have had to fight, a war in which it is virtually impossible to tell friend from foe, a war in which there are no front lines, and no lasting, final battlefield triumphs in the traditional, tactical sense.

I am deliberately giving you the dark side of the picture because I think it is imperative that we understand the negatives which our returning Vietnam veterans face or think they face. More than 54,000 of our fellow Americans have died in Vietnam and nearly 200,000 have been hospitalized for wounds. Thousands more still carry the psychological scars of their combat experience. Having paid this price they return home to what? To brass bands and parades and a hero's welcome? Perhaps a few have. For most, however, their return has been distinguished by indifference and even hostility. By the expectation on the part of their fellow citizens that they will get jobs, pick up the pieces of their lives, and be good citizens. Remarkably, most of them have done just this.

But what about those who haven't? Have we bothered to ask ourselves why? Is it because in this difficult transition from a wartime to a peacetime economy jobs are scarce? Do they no longer "belong" because their old friends have scattered or they have found new friends to replace them? Or have they found it hard to be a "good citizen" in a society rampant with stress, polarized by racial tensions, and even hostile to young people whose manner of dress and lifestyle are at variance with the views of their elders? Or is it all of these reasons and more?

Whatever the answer we must ask ourselves and answer at least one more question. WHAT DO WE OWE OUR VIETNAM ERA VETERANS? I say that we owe them a sincere effort to understand them and the impact their military experiences and return to civilian life has had. We owe them a critical self-examination of everything that we do and the manner in which we do it. We owe them the honest recognition of the fact that many of our programs conducted primarily by employees much older than they are not fully attuned to their needs, their lifestyle, and their problems. And we owe them the responsibility to do something about it NOW.

We are meeting here today in a joint effort to understand them and to understand what we must do to meet their needs in a POSITIVE, INDIVIDUAL AND RESPONSIVE way. It is not good enough to count "contacts," to provide information and assistance in a formal, mechanical style or to treat their medical problems in our hospitals and clinics while ignoring their human needs. There is no better way to honor these courageous young veterans than to listen, think, discuss, and then, when you return to your stations, to ACT.

Perhaps I should end on that note. But I must add this last point. All of us as we plan for our own families and conduct our private affairs consider attitudes, opinions and reactions of every member of the family from the infant to our wives. When we select the family automobile, for example, we may not consult the youngest member of the family as to his personal preference for a Ford, Plymouth or Cadillac. But we do consider his needs, preferences and possible reactions. If we are not too wrapped up in our personal goals we might even sound him out and try to anticipate just what this youngster might impose by way of the sanctions that belong to the very young. At this point we will be more concerned with his attitudes and his feelings than we will with the logic or the factual accuracy of what he says. We should never assume that his logic may not have merit even when it lacks clarity or a factual base because we will never cope with deep seated feelings and emotional attitudes by pointing out the lack of logic or the errors in factual accuracy. We must deal with feelings, especially the feelings of the less experienced, with compassion and understanding.

I'm not suggesting that we abdicate our responsibility for making decisions which we are best qualified to make, and submit them to popular vote. But I am saying as clearly as I can that we should make these decisions with full awareness of the sanctions others can apply. The physicians among you don't depend on the expertise of your patients when you are deciding their therapy, but you most certainly give full consideration to their individuality and their possible role in this process.

We are agreed I am certain that there is a serious crisis of confidence on the part of many young people with regard to the willingness of public and private institutions of all kinds to be responsive to new needs and to be adaptable to contemporary society. And I might add that many older persons as well can express genuine concern when needed changes are not effected. VA has the opportunity to demonstrate that it can be responsive and adaptable.

There is a popular saying among young people that is particularly appropriate, I think, to all of us, "If you are not part of the solution, you are part of the problem." Let's consider how each of us can provide part of the solution if we listen, react responsively, and apply the vast advantage of experience that is ours in such a way that it can be accepted as WISDOM rather than an arbitrary response of those in positions of authority.

Thank you.

V.

REMARKS OF CHIEF MEDICAL DIRECTOR

M. J. Musser, M. D.

I would like to devote my comments in this seminar toward expressing a point of view. It's a soapbox I've been on for some time and I suppose I'll continue to stay on it for quite awhile.

Since becoming Chief Medical Director, the Department of Medicine and Surgery has been emphasizing the fundamental importance of the practice of good medicine in our hospitals and clinics. We have pointed out that good medicine embraces not only an array of services and treatment techniques to meet the special medical needs of each patient but also embraces the manner in which these are provided. It begins in the admitting office and continues through hospitalization and posthospital care and, as necessary, home care.

Clearly it embraces much more than the technical excellence of diagnostic procedures for surgery and the increasingly sophisticated medical therapies. In every way the practice of good medicine is a complex business and it becomes more complex each day. Essentially, when we talk about the practice of good medicine, we address ourselves to the needs of patients, not as amputees or as hepatitis cases, but as individuals.

A patient's needs more often than not are a composite of a variety of medical, psychologic and sociologic components. Years ago medical practice leaned heavily upon meeting the psychologic and sociologic needs because, with the more limited and scientific knowledge and techniques then available, the closeness and compassion of the physician to his patient was critical in the treatment process.

Today, because medical practice has profited so much through advances in basic knowledge in the health sciences, it is inclined to lean heavily toward the physical needs of the patient, at the expense of his psychologic and sociologic needs. In my opinion, this has had a lot to do with a good many of our current national problems in health care.

It is entirely possible that in the pursuit of scientific and technical excellence, medicine has disregarded more and more the total needs of the patient as a person. We seem to have overlooked the need to see, or to be concerned about, human needs as a part of the treatment process. Perhaps our concern now with the Vietnam veterans will help us get our thinking straightened out.

One of my distinguished predecessors, Dr. William S. Middleton, once said in a very few simple words that "Hospitals are for patients. Hospitals are not for doctors or nurses, or others on the health care team. Hospitals are not for the administrative personnel. Hospitals are not for the director and his management team. Hospitals are for patients." Have we done as well as we might have in making them so?

I think it is becoming clear that our hospitals can and should be better geared to meet the human needs of our patients. Mr. Johnson indicated in his remarks earlier today that it is not only the young veterans or young persons but all veterans and all persons who have been affected by the dramatic changes that have occurred in our society and the way we live. It is important this be clearly understood. The need to re-examine our current institutional policies thoroughly and to modify them as might be necessary stems from this circumstance.

The young veteran is expressing what the majority--perhaps a silent majority--of our patients have come to feel. As much in the world about us becomes mechanized and computerized, the human need to be considered as an individual is felt more intensely. This is clearly what the young veteran is telling us. It is most vividly manifested in his reluctance to comply without objections to what appear to be impersonal procedures and unnecessary hospital regulations.

It is not your job or mine to defend the status quo or to defensively assert that we have already done everything possible to humanize our hospital. But it is your job and mine to honestly face the needs for change and to face the readjustments these may entail in the existing routines that perhaps have come to serve current staff needs far better than those of our patients. As responsible leaders, it is our job to encourage, welcome, and support efforts for change.

There is a unique aspect to VA medical care during and immediately after a wartime period. It is that we are suddenly involved with large numbers of young men whose lives have been dramatically influenced by military service. And, because each conflict is different, each new group of veterans presents us with different problems. All returning veterans we see in our hospitals are confronted by various and sometimes enormous problems and challenges of readjustment to civilian life. Many have an additional burden imposed by extensive, often permanent, physical and psychological disabilities.

Somehow we must be responsive to this wide array of human needs and adequately meet them. In years past, society and the Veterans Administration have done a pretty good job in helping veterans allay some of the needs which they had acquired. However, it seems we slipped up in recognizing and meeting the special needs of the Vietnam veterans. And as you are well aware, during the past several months, we have intensified our efforts to accurately identify the needs and the problems which the Vietnam veterans have brought home. Fortunately, we have had the advantage of sessions like these, and the experiences of the young men we've heard today have helped us to much more quickly identify our deficiencies.

Now if these young men are to take their proper place in society--and we are to help them do so--we must do more than heal their bodies; we must help to resolve the emotional, sociologic and psychologic problems which they have acquired in this period of service. We must do this with dignity and compassion. This is really the essence of the practice of good medicine. Somehow you and I must find the wherewithal to correct our deficiencies and get this important job done.

Thank you.

VI.

REMARKS OF CHIEF BENEFITS DIRECTOR

Olney B. Owen

Almost five years ago, the Department of Veterans Benefits began to work on some of the special problems involving the re-entry of the returning Vietnam veteran into the civilian mainstream. We are charged by the President and the Congress with the massive responsibility of providing total rehabilitation through the Compensation, Education, Loan Guaranty, Insurance and Contact programs. However, the mere existence of such programs does not insure maximum use by eligible veterans. And, the recognition of special problems meant nothing without embarking on significant changes in approach and service delivery.

As early as 1966, we recognized that our assistance programs were not fully meeting the needs of the Vietnam veteran. Amputee veterans who were experiencing readjustment problems, focused our attention on the need for establishing a military hospital program which would provide individual attention and assistance to the severely disabled prior to separation from the military service.

Simultaneously, we moved ahead with establishing a group orientation and individual assistance program at some 300 separation points within the United States to insure that separatees were advised of the VA benefit programs, with emphasis on participation in an educational program. In January 1967, we initiated a pilot program in Vietnam to provide group orientation to servicemen awaiting transportation back to the U. S. for separation. We now have nine representatives at Army, Marine Corps and Air Force locations in Vietnam and Okinawa.

From many years of experience we know that group orientations in which a speaker delivers a prepared text can be very boring to a tired young man at a separation point. His thoughts are on the coming events of the next few hours or days when he will be home with his loved ones, so we produced a film called "You Owe It To Yourself," to be shown particularly at separation points. This film is in technicolor and carries the benefit programs' message with a mod musical background and liberally seasoned with attractive young ladies and has met with high praise from some and disapproval from others. One thing we know, the separatee isn't bored viewing it and he does get the message that there are benefits available and the VA is the place to go to obtain assistance. We may break down in some of our communications ability but the weary separatee digs this departure from the typical service training film. Another excellent film called "Look To Tomorrow" devised to encourage participation by the severely disabled in our vocational rehabilitation program is another departure from the old line approach to Government efforts of this nature. I recommend if you haven't seen these films that you take time out to do so.

We know we have a different "breed of cat" than we had become accustomed to in our post-World War II, peacetime and post-Korean efforts. Basically, perhaps the veterans being separated from any war or period of conflict are the same, they are fairly young. They are proud of their service; they are anxious to return to civilian life although somewhat apprehensive; and for many their immediate concern is a job. Then, as they settle down to a routine they become interested in their VA benefit programs. In the earlier phase of the Vietnam conflict, this was true of the Vietnam veteran. Gradually as the resistance to the Vietnam conflict built up at home, the demonstrations against our participation mounted. The misuse of drugs surfaced, the unemployment rate increased, and the atrocity charges caused national concern. Noticeable change in the attitudes and the apprehensions of some separatees became apparent.

There has been much said and written about the alienation, the polarization, the antiestablishment, and the "problems" of the more recent separatee. Unquestionably, there is a degree of truth in all these speeches and news articles. Unfortunately, however, there is an assumption that because some of these things are true for some of these separatees that these feelings or experiences are true of all. We know that employment is a major problem, drug abuse is a problem of unknown but apparently increasing degree, hostility toward "the establishment," and resistance to authority are all in the picture.

Our problem then becomes one of adjustment, or perhaps I should say, readjustment. Just as we adjusted so well after World War II to the needs of that group, who certainly were different than their predecessors, so can we now adjust to the needs of our current new veterans and simultaneously improve our services to the larger segment of our veteran population--the some 23 million other veterans. The expansion of our earlier "outreach" efforts through the United States Veterans Assistance Center programs which have been so well received since 1968, is the DVB manifestation of our concern for and understanding of the Vietnam veteran.

The passive sit back and wait for the veteran to come to VA attitude practiced by VA before we launched our military hospital and separation point programs received its long overdue death blow with the inception of the USVAC outreach program. We assumed an aggressive policy of informing separatees of their benefits and assisting them in obtaining maximum use of the benefits. Our special mailing program was devised to alert all separatees to the availability of the benefit programs and to facilitate their utilization of these benefits. This program also generates a notice to our regional offices of each educationally disadvantaged veteran returning to the area and special follow-up attempts are made to motivate the veteran to participate in an educational or on-the-job training program to improve the quality of his future. Over one million veterans have been assisted in this program since February 1968. Over 36,000 jobs have been obtained for these veterans in this program. More recently we have added a Social Work staff to 13 of the USVAC's to provide additional service where appropriate.

Since 1967, we have expanded our telephone service to provide easy access by our veteran population to our regional offices. Veterans and their dependents located in some 57 cities and from any point in five states can

now reach our offices by telephone without payment of a toll charge. These services will be expanded. To give you some idea of the use of this service, during the current year we will complete 7.5 million telephone interviews with veterans and/or their dependents.

To improve our services to the Vietnam veteran, we have taken many actions in addition to our "outreach" efforts. I am sure you all know of the President's Committee on the Vietnam Veteran which was chaired by our Administrator. That committee made three types of recommendations: (1) to improve veteran access to jobs and job training, (2) to improve veteran access to education, and (3) recommendations in related readjustment areas. These recommendations have been or are being implemented.

PL 91-219, among other things, increased the educational assistance allowance payable to veterans attending school under the "GI bill" by approximately 35%. Further, additional aid was provided for the educationally disadvantaged in that the law gave assistance to encourage veterans with academic deficiencies to obtain a high school education and to assist in the pursuit of education above the high school level by providing tutorial assistance where required and to encourage educational institutions to develop programs to assist such veterans. These special assistance programs will permit payment of educational allowances or supplementary payments for tutoring without charge to any period of entitlement which the veteran has earned. As of March 31, 1971, 1,065,000 veterans and servicemen were participating in the education or training program. A total of over 2,420,000 veterans and servicemen had trained or were in training as of that date.

In our Loan Guaranty program, Vietnam Era veterans eligible only since March 1966 have already obtained nearly 500,000 housing loans. The Veterans Housing Act of 1970 (PL 91-506) made several significant changes in the VA loan program. It extended VA guaranteed loan financing to mobile homes, which is particularly significant since rapid increases in home prices have put conventional homes out of the reach of many of our younger veterans. These are a few of our efforts; there are others such as Job Marts, job finding assistance in USVAC's, and community assistance programs which I am sure you know of.

In summary, I think we are all familiar with the following facts:

- a. The problems, stresses and turmoil within our society over the Vietnam war; the alienation of youth, the polarization of segments of society, rich-poor, young-old, Black-White, hawks-doves, etc.
- b. The Vietnam veteran is younger--average age range from 19-24; many who have not successfully moved through their adolescence; others who face young adulthood demands or expectations of marriage, a family, a job, a home; others with hangups about their self-identity, career goals, and the contradictions and ambiguities within society.
- c. The aggressive, assertive posture, the challenge to authority, the emphasis on self-expression and doing your own thing by the current generation, which at times strongly clashes with orderly processes of change and the slow dinosaur movement of huge bureaucracies.

- d. The drug abuse problem unique in our history.

Despite our efforts to date, much needs to be done in fulfilling our mandate. Let me share with you some of our concerns:

- a. The outreach programs - how can they be made more effective? By use of volunteers? Community agencies? The use of indigenous employees hired at the Veterans Readjustment Appointment level (GS-1/5)?

- b. Inner City conditions and how can we effectively reach and serve disadvantaged groups; Blacks, Spanish-speaking, Indians.

- c. The provision of service to distant areas--What's needed? More FX and WATS lines? Mobile Contact units? Expanded itinerant service? The expanded use of DM&S Outpatient Social Workers?

- d. Veterans needing rehabilitation for drug abuse problems--the nature of the problems overall; is there a need for greater collaboration with DM&S? If so, what type and extent? The possible role and function of our USVAC's as related to this particular problem?

- e. Housing--a most critical problem area--nation-wide--what impact does the lack of low cost and moderate income rental housing have on VA's ability to achieve other USVAC program goals? In fact, what services can we offer to ameliorate the situation?

- f. On-the-job training slots and employment--twin areas of shortages. What is needed to maximize the effectiveness of our USVAC's and Vocational Counseling and Training Activities? What is the nature of the relationship with State Approving Agencies and State Divisions of Employment? What additional services can they provide?

- g. The special needs of the educationally disadvantaged. The problems of motivation. The need to obtain GED Certificates or high school diplomas. The need for part-time or full-time jobs; the problems with those with reading, spelling and math deficiencies even though in possession of a high school diploma or GED.

- h. The insensitivity and, at times, cold attitudes of society in general toward Vietnam veterans.

- i. Services for the physically handicapped--what priorities are needed? What changes in program are indicated?

Obviously, all the areas enumerated cannot be covered in a one-day conference. However, I strongly believe that we can profit by close examination of areas involving program implementation, administrative action and manpower allocation with the goal of achieving a thorough airing and exchange of ideas. Also, most important for us to realize, is that as we strive to serve the over 4.4 million Vietnam veterans, that in the process we are also serving 23 million other veterans and society at large.

VII.

EXCERPTS FROM PANELS OF VIETNAM VETERANS

Panels of young veterans "telling it like it was and is" - this was the key seminar approach for appreciating, understanding and responding to the needs of our newest veterans. The veterans who voluntarily took part on the panels were from large cities and small towns, from every section of the country. All major ethnic and religious groups were represented as were different socio-economic backgrounds. All branches of the military service and ranks from private to commissioned officers were similarly represented.

The single unifying factor, outside of youthfulness, was that they served in Vietnam. Most panel members carried the visible scars of war, all reflected the psychological impact of service under the stress of military conflict.

Each panel member was in active treatment in a VA hospital or receiving assistance from a VA regional office at the time he was asked to participate. The only stipulation was that panelists agree to express attitudes and feelings as honestly as possible. Criticism was particularly encouraged in order to identify possible problem areas for programmatic, administrative or attitudinal change.

The panel format was relatively unstructured to promote informality, spontaneity and interaction. Areas were explored in the following sequence: being in Vietnam, re-entering civilian life, and experiences with VA hospitals and regional offices. Panel members, however, were under no constraint to limit remarks to this area and did freely deviate from this in expressing their views.

Veteran

"One of the things that makes this war so different is the fact we couldn't tell who we were fighting half the time - I was responsible for 200 men and was in a position where I should have known but just didn't. I was injured by enemy gunfire - was shot four times, then hit by two grenades - the helicopter must have been there almost immediately. Just to give you some idea of the medical work the Navy did, one bullet went through the left arm, one hit me in the left side, went through my lung, hit my heart, went through my diaphragm, stomach, intestine, spleen, gall bladder, adrenal gland - then I went down! After that I was hit by two grenades - I never lost consciousness until I got on the hospital ship - they performed a miracle, a real miracle. I got nothing but the finest care this country has to offer but it doesn't mean that policies and procedures in VA can't be changed, they have to be changed. The young Vietnam veteran has a completely different outlook on life - he wants to know more, he has more to say about his own treatment, he wants more control over what happens to him in the hospital - the hospital Vietnam Era Veterans Committee is the way to do it!"

Veteran

"When I went to Vietnam I expected to fight a war like my father had told me about in WW II, but when I got over there I found it was different. We got attacked a few days after we got there. Instead of being able to fire back like you should be able to, we had to call in to higher authority to get permission--by that time they were gone, they hit and run. As my tour went on a few of my buddies got killed, one had kids, they shouldn't have gotten killed or been there because it's not a real war - it just kind of got me on drugs - near the end of my tour our fire base got hit again, a few of my buddies got killed - there was no sniper fire but they wouldn't bring in a helicopter - they left this guy on the launch pad for two days - you can imagine what he smelled like - then when I got back to the states the first opinion I got was I was a killer by different people. My kinfolk greeted me all right but when I started running around people started rejecting me because I had been in the Vietnam war and they rejected me because of my views--because I didn't like what was going on and would tell them so. I was still on drugs--I found this drug program here at the VA hospital and it really helped me and could help others."

Veteran

"I volunteered - it was my choice to be a Navy Corpsman - knew I would be going to Vietnam. On patrol the man walking point stepped on a mine and lost his foot - I went out to get him - when I got to him I found to my dismay I had the old type tourniquet and needed a piece of wood - when I went over to get one I stepped on another mine - I never lost consciousness and was able to get us both out - I was in the Philadelphia Naval Hospital. Was startled when visiting a shopping center, the way people looked at my stump hanging down - moved their children away like I had leprosy but I didn't. The next instance I vividly recall was when I was asked to be in a parade, myself and two other fellows - we were in the first car after the Color Guard - we were supposed to be the guests of honor - we went about three blocks and people started throwing rocks at us - we went a few more blocks - were more rocks so we rolled up the windows

and got out of there. Now I don't think of myself as especially heroic but this certainly wasn't the kind of reception I expected. I am very grateful to VA for a number of reasons. I was able to finish college and prepare for a career."

Veteran

"I stepped on a land mine and lost both my legs - I didn't lose consciousness - I could see my legs were mangled - the fascinating thing is it only took 2 months, 3 weeks, and 2 days for me to start walking again. Before I had my prosthesis the public seemed to look and say it can't be - it appears the hardest thing about returning to civilian life is trying to cope with the public. With people who had military experiences, they are not too hard to reach, they knew what it is like - but those who haven't seem to shut their eyes - you are kind of lost - it is really weird - as far as the medical treatment goes VA just can't compare - that's about the way it was."

Veteran

"Vietnam for me was a hell hole. I don't think you people can really know because you really can't say in words what it was like - it is really hard to communicate to somebody who has never been there - in my time in Vietnam I spent fighting the Viet Cong. I couldn't see what I was fighting for - the Army told me I was fighting in Vietnam because somebody signed a treaty. I spent my time in Vietnam. I was wounded there, and now I come back and can't get my GI benefits - can't get a damn thing. I got an honorable discharge but that hasn't helped me - everyone is against the Vietnam war for different reasons - we are tired of seeing guys killed - we are tired of having a son, or uncle, or somebody over there. I am very tired of it all but have you people tried to understand - to give me a chance - I need understanding, need help. I need help because I'm a man, because I'm a human being, help me!"

Veteran

"I was serving in Germany and I got tired of play-acting in the war games so I put in for Vietnam - my brother was in the service too and we had a choice as who would go to Vietnam. I had more service than he so I got to go. When I first got over there I was afraid like everybody else but after awhile got immune to it - I seen so many things that people here wouldn't believe. I was put in stockade for something I didn't do--it wasn't pleasant, and when I came out I was really mixed up in the mind, but what could I do? What could I say?"

Veteran

"Throughout my two years in Vietnam I continually saw real extremes between the way the Vietnamese people's way of life and Vietnam government's way of plunder - and no convictions of black marketeers, or of generals, colonels, majors, or top sergeants. The person who spoke out what they felt in their heart that something was wrong, he was the troublemaker - the problems don't go away - the attitude of the Commander was don't make trouble (raise issues) son while you are under my command because I will see to it you

suffer the consequences. I don't understand it, I don't understand the ideals behind the war anymore."

Veteran (Black)

"I went to Vietnam as a young man - I wasn't too up on what was happening. I didn't really want to go, I really didn't, I just didn't like it - yet I wanted to serve my country, do my job, get my military obligation over - then we ran into the problem of racism in the service - like confederate flags, "nigger go home" written on the wall - the South Vietnamese people said Black man, Number 10; White man, Number 1 - the pressures of this are added to the pressures of war, wondering if you are going to get back from one day to next - it really turns me off - our base got down to the point we didn't want to go on patrols with each other. We had a cross burning on the base the day that Martin Luther King got killed - we had a semi-race riot, shooting at each other - it was like a nightmare - the Commander said he would whitewash the fence but that doesn't deal with problem - that wasn't what I was talking about. On patrols we couldn't do our job because we were watching the man in back instead of the man in front - it got to be a real hassle - so we started the Organization of Concerned Veterans - the Army doesn't make a man prejudiced but changing such things as allowing beards, long hair and machines (motorcycles) isn't getting down to the grass roots of the problem we're having."

Veteran (White)

"I agree with him entirely from what I saw in my 3 years in Vietnam - the problem existed in base camps, existed on patrol, existed at night off duty - in a war in which we are supposed to be fighting together we are divided against each other."

Veteran

"In the company that I was in just about the only group of people who weren't on drugs were the captains, majors, first sergeants, and a couple of lieutenants - most of the rest of our unit was on them - they just about had to be with all the stuff that was happening. You would have a North Vietnamese working with you who was supposed to have turned good - they'd go to the rear and bring back all kinds of stuff - so we got our stuff real easy - I think there's a heck of a lot more Americans on drugs than they say in the papers. I think you ought to start looking at Germany and places like that, they got drug problems all over - all the way from pot up to heroin, according to what you want - the majority of people over there are on opium."

Veteran

"One question when this panel started was how does one survive in Vietnam? How can you live with war? Well 80 to 85% of our people in Vietnam are on drugs - marijuana or any other drug you can name - it helps them a lot over there in the type of environment they are in."

Veteran

"I want to talk about the drug problem - there are a lot of people coming back from Vietnam with a drug problem. I think the VA is beginning to settle it, not 100% but if every VA hospital could have a program like they do in this hospital (VAH NYC), I think the problem could be overcome. I did my 6 weeks in the program and came out of it and feel all right now - this program is one of the best, it's beautiful, it's out of sight, at least for me because it helped me out."

Veteran

"I'd like to say something about the drug program - people who are in it get group therapy, which is the best thing that you could ever get - but after they let you out of the hospital, you're right back on the street - with friends and stuff and they go right back at it--they're back out there stealing - because you can't hardly turn a friend down - they should have some kind of program where they could place them in a job or something to help their minds and keep them away from all these people that talk them into this stuff."

Veteran

"Everybody has been talking about what has happened to them in Vietnam and all that bull - I want to tell you what happens when you get back. I went to Vietnam and lost my legs - that's what I got from there. Also, I came back with a drug problem, that's what the United States gave me - a drug problem. I was lucky enough to get help here but I never would have if I hadn't tried myself. Nobody asked me if I wanted help. Vietnam was a scary place, I'm still scared for people who are still there - I lost my legs and now I have nothing to look forward to - now I don't care like I did before - I have to live like this - there are a lot of us who need help-people talk about stopping the war but nobody does anything about it - talking ain't going to do nothing - do it! That's all I have to say! In the Army hospital we were all young - when I came to VA, was mixture of old and young - things can't be the same for old and young - the young like to do things - you can't do them here. The only things you can do are what you are required to do - if you want to do something, you can't. There are a lot of things VA has to change - there is nothing for the VN vet like in military hospital, like movies everyday, a bar, a bowling alley, trips, things young people like to do - no, just lay down in a hospital bed and forget about yourself!"

Audience Question

"Should drug programs, or others, be made up only of young people or of people, young and old, who are interested and care?"

Veteran

"It's not really your age, it's how you think. You can have someone 80 who is liberal, who thinks, and who wants to help somebody and that's all right - or you can have someone who is 20 and just can't stand addicts - not just young people but people who know what they are doing - it all depends on where your head is at - what does that mean, it's hard to explain but it's how you feel - anybody who thinks before they act, anybody who has any smarts in their head."

Veteran

"You need qualified people who know what it's all about - you can't have anybody help an addict - if the cat hasn't ever smoked pot what the hell does he know about drugs - you need ex-addicts. That doesn't always have to be so but if you don't have any ex-addicts in there I don't think the programs are going to go."

Veteran

"The Vietnam veteran is in a unique position when he returns - there is no middle ground, no place for him to exist, no place to be truthful - if he says everything we did in Vietnam was great and nothing bad ever happened, that we are doing the right thing there, he is immediately accepted by the establishment but by the non-establishment group--those under 30--he is immediately labeled a fascist pig - if he says the opposite, that everything we did in Vietnam was wrong, he, in fact, becomes a traitor to himself! - but he is immediately accepted by the antiestablishment group - then the establishment people say he's a young hair-brained radical, he doesn't have any experience, he doesn't know - there is no national, clear-cut line of what exactly we are trying to do. So he finds himself in a corner, fighting for something he basically knows nothing about although he is given very highflung goals - then comes back to a VA hospital - Ok, he gets the best medical care, which is fine, which we all appreciate - but the work in the hospital which is done (heal our bodies) is not getting us out and functioning at the best human level we can function at - we need rehabilitation programs - counseling, career counseling, personal counseling."

Veteran

"When a person comes back from Vietnam he is either on a pedestal, thinks he's the greatest person in the world, or he comes back with hatred, doesn't want to communicate, doesn't want to know about anything, doesn't want to see anybody - this is the great majority of veterans that are coming back. They don't want to feel they have any need for help, don't even want to realize any of these facts. So it's up to you people to start some programs or some system to get to these veterans as soon as they come out of military service - should run some type of evaluation - the service-connected veteran gets top priority but any veteran who comes back from Vietnam should be evaluated, checked out, because he's been through a psychological setback or whatever the situation is. Every person, no matter what rank or who the hell he is, can use help - the thing is to catch it early - you can work with the veterans a lot better now than if you catch it two years or so after he's been out of service - then he'll be much harder to work with - so it's up to you to start the program before it becomes too difficult to handle."

Veteran

"When you first get into service you are very young, only 18 or 19, you haven't developed your mind as far as what you are going to do in life. You sort of went into service because maybe you failed in a lot of things, like school or a job - so you go into service and learn the military way - which is bad - you get to learn about military discipline and that's a blow - you can't imagine what the 18, 19, or 20 year old goes through - then you go to Vietnam and that's a shock - a shock because you are so young - then

two or three years of your life went right by without you knowing what in the hell went on - then you come back, get out of service and they expect you to make something out of yourself - when you come back nobody knows or is concerned - you come back, you understand very little around you - you come back and you find nothing - no job, no money, a very hard time from VA because so many veterans are coming back - if a guy can't get a job he needs some type of education and rehabilitation, some way he can be in a position where he can find himself in demand - I think it is up to you people to help, we did our part of the job, the rest is up to you. That's all!"

Veteran

"I think it's up to the individual - it's pretty rough adjusting in the big world - it's not like back in WW II when the guys came back to ticker tape parades, but nobody wants the Vietnam war, and when you come back from Vietnam - like they stick their nose up - like, now, man, you didn't have any business in Vietnam so don't cry on my shoulder - the Vietnam veteran gets the blues from all ends and it's very hard adjusting - a guy with a weak mind (weak will), he won't make it!"

Veteran

"Things can be summed up in a word--lousy--when you finally get away from there, from Vietnam, you expect to come back home and get into the swing of things with your friends, see a girl who understands English, talk to people that you can understand why you were there - what do you get instead when you get back? Hey man, how many people did you get? When you go to apply for a job, nine times out of ten the first question they ask is do you use dope? Your branded, your branded as a dope fiend - it ain't nice, it ain't nice at all - why can't you treat us as human beings, why can't you let us live - why do they tear me down - you come back and fill out an application to go to college or high school. I applied for an education grant from VA but the time it takes--or to get them approved - I can't go to school without getting in a big hassle about it because somebody is going to try to object - so you try to get a job but how can anyone live off the salary offered? I have a wife and kids. You can spend millions on supersonic travel but why can't you pay a guy so he can survive? What about the guys in wheel chairs, how are they going to lead an active, normal life - or the guys that get their arms or legs blown off? What do you do for them, how are you going to make them accept it? They don't want to be treated like something to be pitied - it is certainly hard for the black man - you go to the VA, they say tell me your problem, then you get to fill out this form, and then you get sent here and there to check it. What's so important about a form, why can't you do what you promised??"

Veteran

"When veterans spend a year in Vietnam they are in a very different environment from their own, then when they leave Vietnam and come back to the United States they find that people are very much different and so much harder to understand and cope with. I don't understand why it happens this way but most veterans returning from Vietnam have this problem - it is just that everything is too fast. When a veteran comes back and comes to VA, no matter whether the hospital or regional office, it seems like he has

trouble communicating with these people - you know we feel the older person can't really understand a great deal of the problems that are happening to the Vietnam veterans who are coming back - they can assess you and hover around but if they don't feel any understanding you don't really help this veteran, you can't offer him much. I'm not getting down on the older generation or anything like that but you could put a lot of younger people in VA - it seems necessary to have young people who do understand, who know what the situation is. I have talked to a lot of veterans who are very pessimistic about trying to get benefits and stuff like that from the regional office - pessimistic because of the fact they are afraid to approach or confront them - because it's more like the military thing - it's like your talking to an officer or sergeant - and he's saying you'll have to wait. Now I can understand that you have to wait like everybody else but a younger person can say it to you in a better way without showing too much hostility - young people can look out for each other, give them a chance!"

Veteran

"There are two types of VA doctors, one is the new generation doctor, they are young and interested in change - then you have the standard VA doctor who has been in VA 20 years or 30 years - he wants to look upon someone my age exactly the same way he looked upon the WW II or Korean veteran."

Veteran

"I've had excellent VA doctors but they don't tell you what they're doing, and they really have a lot of work and stuff - but some of them could take time to tell you what's wrong with you and how you are doing. They've got real good doctors but they could listen to you more."

Veteran

"Guys coming back from Vietnam are really messed up and need much more than having their wounds cleaned - they need to feel people care just a bit about what's happening to you - need more flexibility in the rules. I can see if a guy's half dead, about gone - put him to bed at 10 PM, that's all right - but if you will be in the hospital a long time and if you're not tired, why should you have to do it? Why should you have to do it? Why should you have to go by the same regulations as the man who is in a bad way?"

Veteran

"My problem in being admitted to a VA hospital has never been with eligibility but has always been due to the administrators in the admission clinic or outpatient clinic. The doctors and professional people are probably wondering why there are so few patients and the patients are sitting out there waiting! I have always had a problem with them getting my file - I have never in any VA hospital had a file found on the first attempt--never! Also, there is always a great delay in the X-ray Department - I have been in three VA hospitals and they are all the same! Someone spoke about contact men - a few contact men do a huge job - I don't know how they do as well as they do. I feel some of the responsibility for giving information could be given to patients on the ward - also on informing the young veteran it could be handled in a discussion or panel - this could ease a lot

of the problems of the contact division - because I was just kind of fortunate in finding out what my benefits were on my own--it was mostly luck - the contact man just couldn't spend that much time with me!"

Veteran

"The only hospital I have had contact with is this one - it appears to me that everybody is told to come into the hospital on a Monday - or you have an appointment (for follow-up) on Wednesday. Everyone is given an 8:00 AM appointment so you get 200 or 300 people and they all have an 8:00 AM appointment. Now all of them can't be seen at 8:00 AM; why can't the appointments be staggered? This way it's 2 or 3 PM before you see one doctor! When I first came to the hospital it took me 3½ hours just to see the doctor the first time - the next time I came back, they already had my records, it was all typed up, it took me over 4 hours. The people down there (in admissions) seem to have a bad attitude, most of the personnel in the hospital do - I mean the other personnel do, but not the doctors. That's all I've got to say."

Veteran

"I had an entirely different entrance to this hospital - I knew about the VA hospital but sort of considered it an old folks home...My father made a trip over here and they told him to come right ahead - my private doctor made a call to the hospital - an ambulance picked me up, I would say in ten minutes I was on the ward. There was no static, no hassle. I was on the ward and nurses were tending me while my wife was downstairs filling out the necessary papers and everything."

Veteran

"No one has touched on this yet - but so far I have spent 4½ years in VA hospitals - a long time - the one thing lacking in each of the hospitals I was in is recreation program - they seem oriented to a much older society - they show young veterans things they aren't interested in. Who cares about watching a bunch of 12-year-old girls tap dancing!...and we don't all like country music...the movies are good but you only have them once a week. The recreation is oriented toward keeping a veteran confined in the hospital - we don't get out enough - no transportation to take people places - it's very difficult for a veteran to orient himself to a society that he's been out of contact with for 2 or 3 years. You need to know some of the things going on and television doesn't tell you everything!"

Veteran

"A Vietnam veteran amputee who is sent to VA doesn't have a clean wound - that's why he's sent to VA - you feel you're at the bottom of the barrel - you see for anyone of us it is really hard - spend more time in a VA hospital after you leave the military hospital - so that's why I think it is very important to see that social activities and recreational facilities are improved at VA hospitals."

Audience Question

"The panel has talked about the excellent care given their bodies, have you had any rehabilitation programs to help you fit back into society?"

Veteran

"My treatment concerned mainly physical things, with very little done psychologically to help me get back into society under the changed physical conditions I must face - only recently has anything been done - this was due to the psychologists here getting panel discussions and talks with psychologists themselves. This is something that is sorely needed, sorely needed - you come into the hospital and you're not given enough responsibility for your own treatment or have anything to say about your treatment - you are made to feel you could just lay there and let the doctor work on you. This can't happen - the man must be made to realize he has to do a hell of a lot himself to get back into the society he's been missing. I think the best way is by panel discussions and rap groups led by a qualified person like a psychologist. I think it can accomplish more for complete rehabilitation than any other program - there is no reason why, but half of us are afraid of our doctors, afraid to come clean - you can establish contact with a psychologist because his first job is to gain your confidence - after he does you can begin to tell some of the things that are really bothering you - then and only then are you going to find answers to the problems you are having - in general I don't think that the VA or military go through a proper rehabilitation process - it's more or less a shady deal because you are not really getting rehabilitated - they are only interested in getting you back in society physically - you know they don't care about your mental status unless you are paranoid or something like that."

Veteran

"I would like to underscore this. I was aware before I went overseas that if you became an amputee or paraplegic it changed your body image - even though I knew about this, it got me anyway when my leg was amputated, and I know in talking with other amputees they went through a period of adjustment where they had moderate to severe emotional problems. They get very apprehensive about what they are going to do. I agree there needs to be more priority given to programs of counseling - more comprehensive programs to get veterans to adjust to their own disabilities and to the outside world."

Veteran

"I think a veteran should be worked on before he is discharged - he's uptight about education, uptight about jobs, about what he's going to do when he gets outside, what he's going to do as far as getting money is concerned - all these problems should at least be given attention so he has an idea as to how to work on them after he gets out-give this person encouragement, give him faith so that when he comes out doesn't feel shame or feel he is put down when going to VA. You understand, rehabilitation counseling and education--these are the essential things."

Veteran

"I live in the heart of the ghetto - am now in the drug program - sometime ago I went down to the regional office to see about finishing high school - first I was going to get a job. They told me I could get a janitor job but he didn't refer me to some of the many programs there are - he said call me in the morning, maybe I can get you a janitor job - this was his reply. If you are ignorant of the type of programs, without proper guidance you are completely lost - I walked out of that building and didn't know anymore than when I walked in."

Veteran

"I'd like to say something about what another panel member spoke, his trouble in getting his GI Bill - before VA starts on any great new fantastic future programs why doesn't it crack down on the old ones and cut through all that red tape - in my own experience I went there to get something accomplished and I went out of there smoking mad. I was sent from this desk to that desk - they were looking at me like I was a fool, saying "go in circles, young man!" - that got me disgusted and I left without anything - so that's what I mean, don't start all these things until you've straightened out the ones you've got!"

Veteran

"The first thing you have to do is to care - like was said, when you go in there (to VARO) they don't even want to hear about your problem - they want you to sit down and listen to them or to go over to another table to be taken care of. I'm sure any VA employee could help the veteran."

Veteran

"You go there (to VA) and the people don't even give you the civil courtesies - they don't communicate with you, they don't tell you things, you go after something and they only give you a wrong line--there's no excuse for it - when you get out of service and out of the VA hospital and want to get back in society--and can't find a job--you begin to wonder what was I fighting for, there is no money and no work. I don't think the VA does enough to encourage guys to get the training they need to get better jobs."

Veteran

"The VA sent me a letter but I never went down. When I went into service I was 17 - I saw Vietnam, all that bull that went on over there, I got pretty screwed up - in three years I saw Vietnam, got married, had a child, got divorced, and became addicted to heroin - man that's a lot for a person to take - there was nothing for me except drugs - in four months my money was gone and I was out on the street. I didn't get any help except from my family and they haven't stopped helping me today. I went into a work training program but I hadn't had any testing to see whether it was right for me...so I went into the wrong thing and ended up blowing that - wasted the company's time and my own - just getting further into drugs until finally I took an overdose and almost killed myself - now I wear a brace and am an acute failure - this VA drug program is the last thing for me, I'm trying hard but if I blow this I blow it all as far as I'm concerned."

Veteran

"I think the answer I would like is for VA to catch the veteran as soon as he gets out of service and do a complete follow-up--not just to go to the regional office and get cut loose so you forget about VA - or go to a hospital and get medication, and then forget about VA - but complete follow-up until you are completely rehabilitated - it doesn't mean a person has to have a disability or an ailment, it could be the problem of adjusting to society. VA should follow him on rehabilitation counseling, GI Bill, all of these things until he is completely rehabilitated - put VA people in these institutions who know what they are doing, who will help you, people that won't tell you to go over to the next place."

Veteran

"I have had a number of experiences with VA outpatient clinics and while they're adequate, it's time-consuming - long drawn out at all of them - I'm not pointing a finger at any one but it's a fairly widespread thing - when I went in to apply for a car the Contact Officer told me there was no such thing - I began to panic a little bit - he said I could look in the files but that I wouldn't find anything - well I did and it was number one on the list! Then he said there weren't any forms, that I could look but wouldn't find them. I did and found them, so I went and got the car - it's little things like this that are constantly frustrating. One night I got the flu - now I'm not service-connected for the flu and am not trying to tell anyone I am, but I came here to this hospital and sat and waited 4 hours to see a doctor - now I realize it was a Sunday afternoon but it is very difficult to accept this when you are sick--that's about it. Why does this happen? A little bit of everything. First, all the forms you have to fill out, then you sit and wait, then they call you back and say they can't find your file - you go back and wait and they finally locate it somewhere - next, you got to wait and wait for the doctor to come out - there were maybe four people before me - and about four doctors but they were busy doing other things. What gets me is the amount of numbers I have to remember every time I come in for treatment - it gets to be kind of a hassle, you come in and have to pull every card out of your wallet before they will take your word for who you are - then they will go look in the files."

Audience Comment

"I think the veteran has a very valid complaint, not only the Vietnam veteran but all veterans. They are very, very tired of red tape. They have been saying this to us and we have been defensive. Instead of being defensive, let us ask ourselves what is it we can do - I think we all appreciate the willingness of these young veterans to tell it to us like it is."

Veteran

"I received an early out from the Army to go to college - it was my primary goal. I didn't save any money while I was in the Army - then damn it, I couldn't go to school. Where was my GI Bill? Where was the VA? I went to school and paid the first tuition out of my pocket, which was a hard stinger, it cost me quite a lot. I was at the VA over and over, at least once a week - I was told on almost every occasion that they had this to do and that to do, they had an excuse, a pathetic excuse, everytime I went there - are they doing us a favor by giving us our GI Bill or do they owe us this because we went to Vietnam? So what kind of assistance do you get us, what the hell

are we supposed to do? If I didn't pay my first tuition to school what would have happened to me? I could have been drafted back into the Army. I am not the only ex-GI who's got problems - it took a congressman to get me my GI benefits. I came back from Vietnam with a serious problem, had to be patched up quite a bit, shrapnel wounds - I didn't receive any kind of rehabilitation - in fact I didn't know what the hell was wrong with me. I came back and was sick and didn't even know it. I had to drop out of school and this was a terrific loss because of you people who are responsible for this GI Bill."

Person in Audience

"I heard you and I speak your language, you boys come back from Vietnam and you expect prompt action and I don't blame you boys, I'm sure the VA would process your case immediately, so something stopped it, tell me what went wrong?"

Veteran

"You're with VA; I filed three times, you tell me!"

Person in Audience

"Now, boy, wait a minute, now I want to tell you something, now look boy, you're talking to a fellow who----(interrupted by both audience and panel)"

Veteran

"I think you made your point, when you said hey, boy - that's the general attitude you have, give us some answers, we are sick and tired of being treated like a boy."

Audience Question

"Do you feel the VA in the future should have a nation-wide committee composed of a group of Vietnam veterans to study and implement programs you believe should be brought about - a Committee to come from different places to Washington to meet for a week or so and present them to the VA Administrator?"

Veteran

"Well, I think that if anything were really going to be done about it, it would be really beautiful if there were a national committee of Vietnam veterans."

VIII.

EXCERPTS FROM PANELS OF YOUNG EMPLOYEES

In order to continue the communication process begun by panels of young veterans, seminar participants next heard from young VA employees who had earlier served their country in Vietnam. Their credentials were compelling; they knew the problems and concerns of returning veterans and were aware of the immediate impact of VA's programs, institutional procedures, and manner of response upon these veterans.

These young people included physicians, nurses, and a wide variety of other employees. As with the previous panels they were asked only to express their views and attitudes as honestly and directly as possible. Since constructive change could only follow delineation of areas where improvements were warranted, criticism rather than praise was invited. This they did as the following excerpts reveal.

VN Veteran/Employee (MD)

I think one of the most difficult things to understand, from the young veteran's viewpoint--and it was mine too, in a lot of respects--was the shock when I came back, particularly to read the newspaper accounts of what was happening in Vietnam that were sort of like reading the ball scores - So many killed, so many wounded, and people still went to their cocktail parties, etc. and could really sort of care less, and yet the fellow who is lying in Clark Hospital in the Philippines, waiting to come on back to the States with multiple injuries doesn't understand what's happening to him. Why are things having to take so long? And I think in general one of my biggest gripes about our system here is the lack of rapport from doctors and nurses and everybody, in explaining to the patient why things are like they are. Certainly we are encumbered with a lot of red tape, but I think if a reasonable explanation was made, and particularly on an updated basis, that he would be better able to understand why things are taking so long.

VN Veteran/Employee (Attorney)

What came through from the veteran panels is that Vietnam veterans come back from a confusing war in which individual roles were only vaguely understood, as was what they might expect from their society when they returned. Due to their prior experience with government--mainly in the military--they have had an unsatisfactory experience with institutions and feel resentful about the system, the establishment. Now they come to VA for help and we must help them to become functioning members of society. They continue to feel hostility and it is justified by many things that happen in VA. For example, where it takes 6 months to get compensation or education checks from VA while it only took 4 months to go from their homes to Vietnam. As VA employees, I believe we have to take the time to analyze the problems that exist within the VA system and address ourselves to finding solutions and do so with the active participation of the Vietnam veteran; in this way we can build his confidence in government institutions and in his society.

VN Veteran/Employee

I feel that Vietnam veterans, myself included, are very cynical about the kind of package Congress has delivered. For a long time mostly poor whites and blacks were being drafted. In fact when they began drafting the middle class that started the peace movement! The blacks and poor whites were immature and were talked into joining the Special Forces and Airborne and ended up disabled if not dead. They came back bitter and angry, tired of delays, got no recognition. They did receive excellent medical care in military and VA hospitals but what they did not receive was a feeling of hope for the future. Psychodelic recreation rooms, pizza pies, rap sessions are not the whole solutions - we can't allow these veterans to languish in the hospitals for long periods of time, or to wait a long time to be seen on outpatient follow-up, or face one delay after another. They need good educational benefits--inflation has taken its toll--it's impossible for a man to go to college on benefits and be able to live any sort of minimal existence - promises that are not paid off become an exercise in frustration. They don't want to wear the para-military pajamas VA provides, they want to be like normal people in the rest of society.

VN Veteran/Employee (RN)

I think an important part of the morning's program was the young veterans-- Vietnam returnees themselves--talking about the war. One of the biggest things that impressed me was what they had to say about the lack of communication - whoever the patient and everybody else - and I think this is really a problem, probably more so with the young veteran than with the older veterans. And the generation gap in the VA system is very severe and I think that this is one of the places we should start if we are going to improve the care we give to veterans. I think one thing is there are so many rules that you have to have in a hospital - and you're probably tired of hearing this. I'm sure these guys said a lot about this this morning, but it seems that if we can relax some of these rules, the psychological needs are so great and the way to reach these guys just isn't the same way you reach the WWII veteran or the older, maybe more mature person. And some of what they've been through since being out of service is pretty rough. For me I felt the adjustment coming back from Vietnam was greater than the one going over, and I didn't have any bad experience associated with it. You know the communications over there - there's lots of problems, but there is a lot of communication and they're very close to friends their own age and there's always someone they can really relate to. And you come back here and you just can't believe the treatment - I mean, I even felt that just going to a restaurant, and there just isn't the appreciation for fellow Americans you feel over there, which sounds kind of corny, but some of these guys have a lot of complaints, I think, in this direction. The hostility toward the whole involvement in Vietnam, of course, and just nobody really understands - this is the feeling you get. And if they have a long term disability, it's more severe. I think that this is why we have to really start communicating in the VA system.

VN Veteran/Employee

I didn't expect a great deal from the system when I got back; therefore, I wasn't very disappointed - I have been given a little bit of hope from working with VA because I find that many citizens of this country feel a real concern and are making a real attempt to understand the problems of the Vietnam veteran. Policies that have been with the VA for 20, 25, or 30 years don't change easily and take a great deal of effort. I feel we are making that effort--maybe a bit later than we should have--but we are making it and there is hope - and hopefully we can convey this to the veterans.

VN Veteran/Employee (MD)

We have heard a lot about the problems we are faced with today from the panel of veterans but we aren't going to stop the war today, we aren't going to solve the racial problem today, what we are here to do today is to find out some of the things we can do in the VA to improve our services, especially to the younger veteran. I think there are so many things that go on for the benefit of the VA staff, not for the patient - for example, with meals, what works well for older patients is not right for younger patients; they feel starved on meals suitable for older veterans - and how many VA hospitals serve pizzas which the young veterans like? - these are the types of problems we can do something about today.

VN Veteran/Employee

As a VA employee who helps administer benefits my sympathies are now much more with the veterans - we have extended promises to them, that they have certain things coming - and then when a veteran comes in I am always disappointed when I have to explain why I can't give it to him right there on the spot. One of my personal goals is to do something to speed up this process - we must if we are going to live up to our promises, and keep our faith and word to these veterans. The benefits system doesn't have enough flexibility, we are too locked in - veterans are more impatient today but things are speeded up - it only took me 28 days to get to Vietnam and we take 3-4 months in fulfilling VA promises. I would simply take my subordinates, give them more responsibilities and say we are going to see the veteran right away when he comes in - I think he has the right to expect this.

VN Veteran/Employee (MD)

In regard to the delays and impersonal administrative aspects of the admission process, in our hospital we have worked it out for young veterans being admitted to my ward. We have a welcoming committee on the ward and when a Vietnam veteran is going through the admission process we send a Vietnam veteran who is already on the ward down to the Admission Service to streamline this new man's admission and to explain things to him.

VN Veteran/Employee

This panel like the veteran panel have identified as one of the primary problems the many delays that occur, delays in this and that, and it seems to irritate people more than anything else. There is little criticism of the medical program, instead it's the administrative things, especially the processing and the endless forms. We could do a great service for the veterans, and ourselves, if techniques suggested here today for eliminating delays were tried.

VN Veteran/Employee

A lot has been said about benefits for patients but nothing has been said about attitudes of VA employees. I've only been with VA for 3 months but the attitude seems to be that Vietnam veterans are no different from those of the Korean War or WWII, but they are wrong. I think we need to remind ourselves occasionally that we are being paid to give them the best hospital service possible, which they deserve. For example, when we need to tell a guy it's going to take two hours, maybe take a minute, and explain why!

VN Veteran/Employee

We VA employees are representative of all Americans - as such they have all of the feelings against Vietnam veterans who by their presence remind us of the Vietnam war which we are trying to forget about. Also, as reflections of society, they resent kids with long hair, they resent kids with mustaches and beards, and they resent the way kids dress. They feel annoyed with young people who don't accept their cigarettes because it will cause cancer and

instead prefer "grass." We can't take our nurses (and others in their 40's and 50's) and say, "listen, you must alter your attitudes" - this takes real conditioning. We can make life more tolerable for Vietnam veterans in our hospitals by streamlining procedures and by reducing long hospitalizations that WWII veterans seem to love.

VN Veteran/Employee

I think that it all has been said, when we say "communicating." You read the purpose of the seminars contained in the program, to achieve informed and active leadership of all staff holding positions to the task of effecting needed changes in attitudinal, operational and institutional policies and procedures governing the delivery of benefits to the young veterans. I think that is beautiful and I hope that we don't come out of this like many people come out of sensitization sessions. It's like smoking pot and talking to each other saying "man we really made it" and holding on to today's experience as an end to itself, but only as a beginning because I'm sure it is intended so.

VN Veteran/Employee (RN)

A key word that's been going through this seminar is the word "communication." I think of it in terms of sensitivity. The real question is what are the specific ways and means by which we in VA can better communicate with our patients. I was in Milwaukee on a spinal cord unit in a VA hospital and I thought that the communication was really good. We had a psychologist who was very much involved in the Vietnam Veteran and his problems, and the problems that all young people have. Every Monday we had a short meeting with the staff members just to talk about individual patients and some of the problems that staff were having. Some of the hostilities of the staff just didn't seem to go any further. After you had talked it over and started to think why a patient is behaving this way and why are we having problems with him and how can we help him, the communications really improved. It seemed like that every Monday - everybody was ready to go out and try a little harder. I think again, in regard to staffing, we just have to think more in terms of personalities and where people are in their attitudes. If there is somebody who just isn't getting along and is really hostile to young veterans, even if you have to hurt that person's feelings, that's too bad....but if he or she is continuously turning off the veteran and not meeting any of his psychological needs on a long term ward I don't think that person belongs there.

VN Veteran/Employee (MD)

The answer to better communications obviously is not going to come out of this meeting or any meeting like this, but this is a beginning. There's no real communication going on across this table. Everybody sort of hears what they want to hear. Nevertheless, everybody's here today because there is a problem to be solved. Genuine communication comes with day to day interaction between human beings who accept each other as just that, as individuals and accept the worth of the ideas one to another independent of rank and age. And this is going on in sort of a random fashion. In universities and programs they're putting young people on board of directors and that sort of thing -

and that's good. We could all, regardless of various levels of staff and various levels of patients, talk to one another and to administration. We could try to listen, accept ideas and involve people in decision-making processes that affect them.....You may not accept their opinion but it makes them feel they had a part in it.

VN Veteran/Employee (MD)

I was commander of a field hospital in Vietnam until it got blown up. Now I'm both a VA staff physician and an assistant professor in the medical school. We get veterans with amputee problems shipped in from military hospitals. In my seven months I have never gotten a medical summary or any communication from the military hospital within 2 or 3 weeks without making telephone calls and sending telegrams. There doesn't seem to be any coordinated system visible to us on the working level. Also, in this conference today we are talking about delivery of health care services. As we have heard (and it's my prejudiced view also), there needs to be dignity in the treatment of our veterans - maybe this wonderful idea shouldn't need to be starting at the top of VA but at the hospital level itself.

Audience

I wonder if I could get back to one of the problems young veterans have expressed, their image of VA as an Old Folks Home with a lot of old doctors and old employees. I would like to ask the panel members to comment why, as young people, they chose to come with VA, and what kinds of changes would you like to see to make it more attractive to young people. In other words, why are you as young people interested in working for VA?

VN Veteran/Employee (MD)

I work for VA because I think they have the best rehabilitation programs around. You could make more money in civilian life but it is very rewarding to work with veterans. When I went to Vietnam I was in charge of one of the clearing companies. When I came back from Vietnam I wanted to be where I could help other people coming back. How can VA be more attractive? By recognizing that more money isn't the answer to every problem. Attitudes, the way we handle people, have to change. And VA policies in hospitals have got to be reviewed. Why do we keep veterans waiting to be admitted without keeping them informed and without expediting the admission process? Why do lights have to be turned off at the same time for every patient? Why can't they watch late movies? Why don't we have more recreational/entertainment things for younger veterans? Why can't eating be made more stimulating, with pizzas and other foods young people like? Why can't hospitals serve brunches on Sunday so that every patient doesn't have to get up at 6:30? These are some of the unnecessary things young veterans complain about and young employees feel could be changed.

VN Veteran/Employee

I might comment that young employees often feel that supervisors are resistant to change and not open to suggestions. They take it as a personal criticism rather than recognizing that conditions are changing and that

perfectly good solutions for yesterday don't necessarily hold today. Now the young employee is not always going to be right, his ideas are not always going to be good, but he shouldn't get the feeling they are falling on deaf ears. The supervisor can listen, evaluate the idea, and if any good, follow it up. There must be a way for young employees to be heard out and listened to.

VN Veteran/Employee

I want to react to a couple of things said about station Vietnam Era Committees, about whether they are gimmicks, window dressing or really useful. Our experience has not been bad. It has not been a gimmick. It has not been a window dressing. I think it depends upon who's involved in these efforts. I feel that our committee has been a very viable mechanism by which patients have been able to express themselves along productive lines - to make meaningful kinds of changes within the province of the hospital. I think that Vietnam Veterans Committees can be the instrument by which the hospital can find out where some of the problems are. And I would dare say that staff problems are not peculiar to GS-3 clerks - many times they also transcend medical school graduates and other professionals. The important thing is for us not to begin pointing fingers at other VA employees. The thing that we should do, and we are beginning to find this out, is that we have to deal very, very strongly with staff along sensitized lines. We have designed a program by which all staff will be passing through interactional groups to enhance awareness and understanding. This should help deal with those things which block us from giving the very best of services.

Audience

Is the kind of hostility Vietnam veterans experience justified or are we sort of patting them on the head and letting them sound off?

VN Veteran/Employee (RN)

I think that the anger expressed by the boys, by the men, is very, very real. But the thing is, are they angry just because they are Vietnam Veterans or because they are young people of this generation? I'm a nurse in the Veterans hospital, and I think that one of the problems with our people in the VA system is that we take it personally. They address their hostilities to us because there is no one else they can address it to. It is real - just because some of the Vietnam Veterans don't have it, doesn't make it any less real. But this is not, I don't believe, because they are Vietnam veterans but because they are who they are. And if we are going to function I think that we are going to have to learn not to take it personally. Not that----they have nobody else to talk to, we represent society. If they weren't in Vietnam, it would probably be something else---the pigs or the cops or college officials but it is us because we are working with them. They are veterans, so it is real. But we mustn't, we mustn't take it personally. I think that this is the big block in communications. It is our responsibility to be objective and not to get emotional and not to say he's snarling at me. He's not snarling at me, he's snarling at the whole establishment, at the whole system.

VN Veteran/Employee

Well, the thing is that when you get home, when that Freedom bird gets in, all you want to do is process in and process out and get out of there and get back into the world and look around and see what is going on. You really at that time don't want to be bothered; all you want to do at that time is have a cold beer. You see, I was lucky when I came back I had a thirty day leave and I had some time to do in the Army and during that time I calmed down. And I would say that at the end of my tour, I had calmed down a little bit more. And I was much more ready and open to suggestions. But when I came home, I didn't want to listen to anybody, take anything from anybody, or wait for anything - I just wanted to see what the world was like.

VN Veteran/Employee (MD)

In Vietnam everybody was a friend and it worked out very, very well. They tried - you know- just to help the wounded. Sometimes we didn't even care how much we worked, even if we had to work 48 to 72 hours straight. And that's what we had to do and that was all I had to do. The main difference is that in VA we must think about rehabilitation too - so you can re-enter civilian life. In Vietnam they don't have the time to re-orient you. We, in VA, must have the time and be willing to do this. Everyone in the hospital can help by the way he acts toward the young veteran.

VN Veteran/Employee (RN)

I am probably the youngest on the panel. I find that very often the people I am working with, although they may say that they are very interested, carry an attitude that shows they are not. The veterans want to know if you are interested, if you care. Many employees don't see exactly what is going on - they don't see or know what our feeling is about things although they say they want to, they listen but they don't always hear what we are saying. It was mentioned that the veterans coming back are immature. Perhaps they are, but they are because they were made to grow up too fast, particularly with the whole scene over there in Vietnam. I can see why they have the problems they have because they have just so many burdens over there. So I don't know. I have seen a lot here as in Vietnam because I have taken care of a lot of the guys that have come back. I have seen multiple injuries. I have seen their badly destroyed bodies - and I have cried. I don't cry often about anything; I have seen one or two that have made me have tears in my eyes, because they are so messed up in every way possible and there are many problems for us to deal with.

Audience

I have been in a number of organizations that hold conventions for the top men where we learn many things. And then they come back and they attempt to communicate what they have learned to their own people and it is not the same as hearing it from the young gentlemen that we heard on the panel this morning. I think that I share with a number of people here, an immediate feeling of defensiveness with some of the things that they said, the fellow--you know--three times with his GI bill and there has got to be something beyond what he said. I also recognize and was much impressed with what the young

lady just said that this feeling of hostility is obviously directed against the general attitude of the civilian population and this whole country. It has to be focused somewhere, and it is our job to get it focused on us. And I learned one thing here today, not to be so defensive and to try to solve every single case as we can.

Audience

We have heard a lot of talk today, and from my part, I think that almost everybody that spoke said the right thing and that means we are faced with a very complex problem. We can't just all blame it on hostilities or defensiveness, or they have to readjust. All of these things are true and many other things. Now we do - if we don't have all the answers of how to control this, we do have some ideas on how to tackle some of these problems and find out how to handle them in certain ways. Now, nobody has mentioned an ugly word like money. Now it takes money to do whatever this is we are going to do. And if we are going to reorientate properly, if we are going to rehabilitate them or treat them acutely or chronically, whether they are permanently disabled or temporarily disabled, if we are going to advise them to get jobs, if we are going to train them in skills, like typing, whether they flunk one time or six times - this takes money to pay teachers, it takes faith and so on. I think that the VA has done a great many things for the Vietnam Veterans as well as for veterans of previous wars, but there is a lot more that we have to do.

Audience

It has not been easy to try to crystalize what the panels have said; it hasn't been easy for me personally to try to tell you how I feel. But what I now say I have a need to say. When the Vietnam Veteran is expressing frustration and anger because of lack of understanding and consideration they are talking about us! I think that we are frustrated, I think that we may be angry, I think that our people may be angry. When they talk about what the VA is failing to do and not recognizing at the same time it has dedicated itself to do. When they talk about its lack of perception, understanding, feeling and love, and commitment, it is not covering the commitment and concern and feeling and love that people in this room have. I know the VA is expected to take the lead for the rest of the medical profession to follow. But they expect that the VA has the answer today. There isn't a book on drugs, but they expect the VA to have the answer today. The VA does try; the people are committed. We learn from the young people, they are the best teachers that we have. They seek understanding from us. We need understanding from them. We have the responsibility. We can work together; we challenge them to tell us how to do it better. We want to do it better. That is why the Administrator and the rest are here. And I think that we have a right to be proud of what we have done. And it is only a start, only a start. More important is where we are going.

Audience (young female VA employee)

Something has been worrying me; I have only been working at the VA for 8 months and one thing that I learned is that there are a lot of procedures and procedures take time. What I would like to know is what happens when we have committees; they identify problems that aren't just single hospital's problems; they go above that. They go up to what you call head office, VA Central Office. They are not going to be solved unless we go up to national head. Money - all right, that was mentioned - but I do feel that we can't wait for the money. I agree with the doctor. But there are other things and you are not going to get a chance; we are not going to get the drug centers; we are not going to get anything, unless we know that Washington knows what we need. I have seen so many committees, I have been to so many meetings, but after these meetings what is sent, a 30-page piece of paper that goes on and on and on. And it is sent up there. And then we get a memo back. But is anybody really reading it up there? Is anybody going from here with that paper and putting it on the top guy's desk and saying here it is! I'd like to know!

Donald Johnson (in reply)

Note: The above employee was unaware that the "head man" was standing immediately behind her.

You might as well talk to the head man right now! I assure you there are people who are reading it. I also assure you that the reason that this meeting is being held is because people have read it! I assure you that as I began my tour of duty in the VA, and as I visited stations across this country, I made a particular point of seeing Vietnam Veterans. I did this not only because I have been to Vietnam myself, but also because my son has been there. And I began to feel or smell or hear problems. I recognize the frustration they are experiencing in their return and their readjustment into civilian life. This is why you have been going to committee meetings this last year. And this is why this meeting is being held. We're to have quick action on such things as admissions procedures, and the sensitivity training of all individuals who come into contact with the veteran on his first contact, whether it is a contact representative in the regional office, or whether it is the admitting doctor or nurse on the ward, or the secretary. Whomever it is, unless we have that human relation training which we are hoping each station will do on a crash basis then this meeting will be in vain. I happen to think that it will not be.

IX.

EXCERPTS FROM "VIEW FROM THE TOP"

The communication process begun by panels of Vietnam veterans and followed by panels of young employees who had also served in Vietnam, was continued by a panel comprised of the Administrator of Veterans Affairs, Chief Benefits Director, and Chief Medical Director or Deputy Chief Medical Director. First, they commented on what earlier panelists had said, then responded to questions from the audience of VA employees, service organization representatives, Vietnam veterans and other young people. The format, as with the other panels, was open and informal, and generated considerable audience-panel interaction.

Mr. Johnson:

I will address the first part of my remarks to my associates in the Veterans Administration. This is the final of a series of five seminars, all of which have had their own personality, their own character. The purpose and the reason all this came into being to hold these seminars was largely the result of my many visits to field stations. In talking with literally thousands of Vietnam Era veterans, and visiting with them at the bedside, in the universities or colleges, and in the inner cities of our great metropolitan areas, I had been shocked and concerned about the alienation, the depth of frustration, the intensity of anger that exists. I was amazed as I listened to them, and as we have heard in every one of these seminars, the outright acts of hostility which some of these men have experienced upon their return to civilian life in these United States. For example, we heard this morning about those acts of hostility particularly that have come from corporation personnel officers who categorize Vietnam veterans as killers or drug addicts, and we heard just last week down in Houston, a young marine told about a patriotic parade in which four veterans were taken from the hospital to be honorary parade marshals in Philadelphia, the city of brotherly love. They had not moved three blocks along the parade route when the carload of wounded Vietnam veterans, so identified, was stoned by members in the crowd. It is no wonder then that we do have some problems that you and I of the VA must face. I heard once someone make the remark that these problems we are facing are not our responsibility. I happen to think that they are! I happen to think that because we are individuals and we deal with individuals, we can make a contribution to our society. If you say to yourself that I am only one and what can I do in a nation of 206 million, I think that you forget your role and your society, and you fail to fulfill your obligation of citizenship. Our very distinguished Director of the Philadelphia Regional Office recently made a comment during a station visit there that has stuck with me. He said that the saving of one Vietnam veteran is high drama, and I think we need to make a commitment to our society. I think if we make that contribution and fulfill the obligation, not only as federal employees but as American citizens, that we can help in their readjustment, and thus help our nation in which we live.

I would like to respond to a couple of specific things mentioned in the earlier panels. First coming out of private industries as I did two years ago to move into the federal government, I certainly became aware of paper work. We are, as Dr. Wells said, making some changes and we will continue to make some changes to try to streamline the process. He mentioned to you the new LOP-10. We are happy to tell you that it is only a half a page long instead of four or five pages. We hope that this is an indication of the way that we want to move. But to the veterans as well as to my associates in the VA, I would say that we are going to use a rifle approach instead of a shotgun! It is my contention that if we attack the most serious problem first and correct that one that we can move on with greater success later on rather than spreading our attack clear across the board and accomplishing nothing.

Secondly, the matter of jobs which is indeed a very serious matter. In part it comes about because of the transition from a war economy to a peacetime economy. As has been indicated to you previously, but I feel the need to

reiterate it again, the only veteran program that is not the responsibility of the VA is the matter of veterans' employment. It belongs to the Department of Labor. Nevertheless, I take the philosophy that any problem to the veteran is a problem to the VA, and thus we are doing everything that we can within the resources that we have, and within the limits of our manpower, to try to attack this problem. And that I do believe the recent events will show that some progress is being made.

Someone mentioned today, and this has happened before, that money is the solution to most of the problems. I don't want to deny for a moment that we could use additional money in certain given areas in the VA, but it is not the total solution. And while we are talking about money, let's put things into perspective. I came into the VA very close to the end of the 1969 fiscal year, thus know what that budget was. I have administered the 1970-1971 budgets and will administer the 1972 budget. I have watched the budget of the VA grow one billion dollars per year in those four years of inflation. Now, there are good logical arguments made that the ordering of the priorities should give more to the Veterans Administration and less somewhere else. But I would point out to you in a political process which is in effect in this country that that decision is made within the Congress of the United States. It cannot be said that there has not at least been recognition of the problem. There has been four billion dollars growth in four years as we are attempting to provide some of the solutions that this generation of veterans and all veterans face.

Next, I would quickly clarify who is included in the term "Vietnam Era Veterans." We mean any veteran who served during the time limits that were set by the United States of Congress are eligible to benefits. Technically this is after August 4, 1964, for the Vietnam period of service. To us in the VA it makes no difference particularly where the man served as far as his eligibility is concerned because, in most instances at least, he did not have the opportunity to choose his duty station.

The problem of the young veteran who spoke so eloquently over a problem that he had in finding a job because the insurance laws wouldn't cover him. He was talking about workman's compensation. Unfortunately, I have to tell him that this is a state matter. It is a problem in every state of the union. I would call the attention of the veteran service organizations that are here that this is a great legislative goal for you to achieve in your state legislature to secure the kind of coverage that I believe, and I think my associates in the VA believe, is necessary so that these people should have the opportunity to move into a job they can perform even though they may be handicapped because of wartime injuries or illness. This has to be done. Incidentally, we have drawn this problem to the attention of the Congress of the United States. While there cannot be federal interference with state legislators in such matters maybe we can jog it a little bit and see that they meet their responsibilities to those that have suffered illness or injuries.

And finally, before the questions, I want to say that this morning's seminar was different really in only one respect than the other four. There were practically no words spoken about drug abuse, and drug dependency. A great

deal of time was spent in the other four seminars on this problem that we are experiencing in VA and how we are coping with it. Each seminar has its own personality, its own character so that, as I told you in my opening remarks, I didn't know what to expect and I could not predict what would happen here today. This is just one of the indications of the differences.

Dr. Wells:

The manner of delivery of the whole Department of Medicine and Surgery is changing in dramatic ways and this will become more evident as time goes on... we are broadening the scope of care...to face the psychological, sociological, economical, educational and even vocational problems of our veterans...it has been very well brought out today that unless our medical treatment and rehabilitation is total, unless it helps the person reestablish confidence in their society, and unless they are able to fully re-enter civilian life--then our efforts otherwise may be a complete loss. We are pleased to hear the remarks expressed today so we can incorporate them into our thinking. One of the things we want to try to improve is access of service to the veteran, we want to make it easier for the veteran to get into the hospital for treatment and to be treated for his total condition...and to provide ambulatory services in the pre and post-hospital period...because this allows us to see more patients, we are able to accomplish more...and to cut the length of stay in the hospital, always a tender point...and we are trying to increase the acceptability of care to the veteran...by making it more compassionate...have more people who are understanding and able to express real sympathy and empathy for the patients...and we have very active efforts to try to improve the screening process in the admitting area of the hospital. I am pleased to say a large number of VA hospitals now have Vietnam veterans employed in the Admitting Service...and we think this will be rather beneficial...in any event I think we have the finest type of medical care and I am confident that over a period of time we will have adequate funds and resources to bring this total care into being...in regard to the panel comments about staffing problems in VA hospitals this is in large part due to the shortage of skilled personnel through the entire health services in the country, though some is caused by our funding problems...we are now making a heroic effort to bring our staffing up to its planned level so that we can stand up to that which Congress has asked us to do...another thing brought out by the panels was time consumed in the X-ray departments. During the last three months we have allocated 19½ million dollars to stations for new X-ray equipment. To make the admission procedure shorter we have done away with the old IOP-10 form and have a new one that is made shorter, quicker--readmission will be particularly facilitated. Someone mentioned returning medics from Vietnam, these people are being brought into VA. I believe 14 stations are training them to be physician's assistants, positions that are becoming more valuable in the future.

Mr. Owen:

I would like to urge all the Regional Office and Center Directors here today that you be sure to take back to your stations any of the ideas and messages you have heard from the panels. Let's educate all of our employees to be sympathetic with our veterans whether they are Vietnam Era, Korean, WWII, WWI, or Spanish American. We must change our attitude from that of doing our

job to that of communicating a sincere desire to be helpful...a word about providing cars for the severely disabled service-connected veterans. Until January 11, 1971, we were authorized to provide \$1,600 then it was raised to \$2,800 maximum. This is a one-time payment. However, in addition to that we can pay for any specially needed equipment on this car and any subsequent car, as long as it is on one car at a time.

Audience Question:

Could you tell us what specific plans, if any, have been or will be implemented in the way of computer programming to cut red tape, paper work and labor involved in processing things?

Mr. Johnson:

I believe we are far in front of the private sector in implementing programs for the utilization of computers all the way from clinical laboratories down to the admission process itself.

Dr. Wells:

We are spending about six million a year on computers and computer services... we are currently emphasizing computerization of laboratory services and indeed this does speed work and increase effectiveness...in the long run computers will be beneficial in the handling of paper work and the problems you are talking about but to be perfectly frank about it this is not yet the state of art in computer sciences...we are running parallel programs on a pilot basis in order to try these things out.

Mr. Owen:

We are right now in the process of placing our accounting processes on computers. This will not directly touch the young veteran except that by providing better service to the whole veteran population we will have more time to render more services in other areas of the VA Regional Offices... we are now prepared to place a number of administrative activities on this computer and this will speed up the assignment of "C-numbers." And this has been a problem causing delays since the C-number is necessary to maintain control of the various applications for benefits veterans may make... we are looking very seriously into the matter of using electronic scanners to get information into the computer regarding use of educational benefits.

Mr. Johnson:

I would like to add that I am excited, as a layman, about what can be done in the use of computers in the delivery of health services. For example, at Minneapolis VAH they have a biophysical monitoring system that enables the doctor to come to the nurse's station and by simply pressing a button read all the vital signs on the patient and the changes that have occurred within the last 24 to 48 hours without going through the nurse's chart... this is a saving in both the doctor's time and the nurse's time...this is the kind of quick delivery of information concerning health that I am so excited about.

Audience Question:

I would like to know how a service-connected hospitalized veteran who has been counseled can get funds necessary for school while he is still in the hospital?

Mr. Owen:

We have vocational counselors working with many VA hospitals for the service-connected veteran for whom the processing has been completed while in the hospital. He should be able to get his first check in 14-20 days after he starts his program. We have contracted for counseling services at many colleges and universities for non-hospitalized veterans so our counselors can provide more services to the men in the hospitals.

Audience Question:

We are concerned with the length of time before a seriously disabled service-connected veteran gets his check. Why should this happen?

Mr. Owen:

We need proof that a man is a veteran, that he does have a disability and that it is service connected. Now we have a provision that enables us to assign a pre-stabilization rating before all of the service records come in. Certainly, a man in the hospital for treatment of a disability due to service would be entitled to such a rating procedure and we encourage that this approach be used so that delays in receiving checks are avoided.

Audience Question:

The veteran's panel has repeatedly made reference to the image of the VA as an "old folk's home" and they apply this to staff as well as patients. What about this?

Dr. Musser:

The idea of VA as an "old folk's home" is an image we have been trying to combat for some time. It continues despite the fact that it is not true. Statistics over the years have repeatedly shown that the population coming to VA hospitals is decidedly younger than that of the average general hospital throughout the country. We are indeed a young people's hospital by comparison! Currently 12% of all our patients are Vietnam Era veterans and this is increasing daily. We are anticipating a 30% increase in the number of Vietnam veterans admitted in FY71 contrasted with FY70. In regard to young physicians, we have, at least in training, a very large number. There are a little over five thousand residency positions in VA each year and between nine and ten thousand young physicians rotating through VA each year. We employ a fairly large number of these young people as well and our present recruitment of young physicians is at an all-time high. The same recruitment situation exists for young nurses. One VA hospital has 45 young nurses directly out of nursing school waiting for positions at that hospital. All told some 17% of our employees are under 30 years of age.

We are also updating our hospital recreation program quite a bit and are aware of the fact they are deficient in terms of what young people need. Many hospitals now have centers where young people can hear their own kind of music and be in an atmosphere in which they feel alive and a part of things...we are also encouraging hospitals to utilize community resources to expand this effort and to reduce the isolation from peer activities in general. In these changes the ideas and wishes of young veterans are the main determiners of what is done. We have learned that things like these, once considered "niceties," are now essential. Once they were remote from medical treatment, now they are not remote any more but have been built into the treatment program.

I think our effort boils down to two things, we are trying to improve the feasibility of our treatment services and we are trying to make them more acceptable in that they are compassionate and delivered in a satisfying way to our consumers, the veterans. These are our major goals.

Audience Comment: (Military Chaplain)

I'm not asking a question, I am reacting in a sense for myself, and for others involved in these kinds of concerns. I wanted an opportunity to speak from the point of view of religion. I don't work for VA, but have been detailed to this VA hospital 10 months, but I've seen many things that make me wish I did work here! One of the things that I heard when I came back from Vietnam, I heard from many of the patients I served in William Beaumont General Hospital, and I heard again last weekend was "Chaplain, how does it feel to be back in the world where nobody gives a damn?" Well, I really believe that there are an awful lot of people in VA that do really give a damn. And I am delighted to have had an opportunity to care for some of these guys in the day hospital here where they are being integrated back into the community by being given the support that they needed, by being given a direction and a purpose and so forth. There is an awful lot of breakdown of communication...an awful lot of people that don't get the message about VA benefits. That is what you people give to them in the military; however, the only veterans I think that adequately do get the message are the men that are wounded in Vietnam and get all the way back to the United States in the channel that we saw in the film. If they are not wounded, they are so anxious to get back home that we have had an unbelievable problem in an attempt to sensitize them to the hostility and the anxiety and frustration that they get when they get back to the United States.

I used to hate to send amputees home from Beaumont Hospital because I knew that they would come back angry, they felt they had done something for their country but when they went home and they were mistreated, they came back angry. They were angry at the Army, they were angry at the United States, they were angry at anybody that didn't think like they did. And you people are charged with the responsibility of doing what we don't do in the Army. And I admire you for what you are doing and I hope that you can understand that one of the things that I feel that gets in the way of this is that we don't recognize the fact that this young veteran has a different set of values than we do. He would much rather make love than make money; he would much rather rap than do a lot of other things. And we've got to recognize

that some of the myths that cause us to believe that World War II would end all wars doesn't exist for them. And we've got to direct everything that we do toward meeting that person where we are and meeting him as a whole person.

I admire the VA, I came here a little bit angry because I thought you were an Old Folks Home. But surely don't feel that now. And I won't regret now sending any other patient that I have to send from an Army hospital to be taken care of by you people.

Mr. Johnson:

The panels of veterans and young employees, together with the audience comments, have identified the range of problems we face in VA and this country itself faces. I feel a particular concern about the impact on these young men of the hostile atmosphere to which they so frequently return. The message to VA in determining the future course we must follow and improvements we must make to meet these problems is clear.

While we sought throughout these meetings to learn where we can do better, we did not take the time to point out where we have done more for today's young veterans than their predecessors. For example, the current GI Bill is much better than the one after World War II in many respects. As just one example, the Vietnam veteran can complete high school on the GI Bill without infringing on any of his future entitlements whether vocational training or college.

I would like to conclude by commenting on the problem of the erroneous image of VA hospitals as an "old folk's" home. I speak as a layman but I happen to think that the VA medical system is a dynamic and viable organization. It has kept what might be called a low profile. What is now needed is to challenge service organizations, veterans who have been served, hospital staffs and all those involved in the broad area of medical education to recognize both what VA medicine has done and the vast potentialities of the VA medical system as we enter this decade of dialogue on a national health delivery system.

History will show the leadership role of VA in such areas as renal dialysis, tuberculosis, hypertension, chemotherapy, cobalt therapy and sickle-cell anemia. I could go on down the line showing that VA medicine has been in the forefront of most major medical developments since its inception.

In the development of health manpower, how many people know of the tens of thousands of persons from many professions and technical areas who have been trained in VA. As an example, 53,000 will receive training in 60 different categories this year. This is becoming increasingly critical as the nation focuses on the matter of delivery of health services to all Americans.

In the case of the care of the psychiatric patient, the leadership of VA is of special significance. We have not built any general hospital in the past ten years that did not include an acute psychiatric bed service. We have moved from institutionalized care of the psychiatric patient to acute care involving not only beds in general hospitals but day hospitals, day treatment centers, and mental hygiene clinics. And certainly the opportunity that has

been presented to VA in dealing with the problem of drug dependence where psychiatry, psychology, and others will be required, offers a special challenge and opportunity to the young psychiatrist and young psychologist.

To me this is all evidence of dynamic medicine, viable medicine, responsible medicine, responsive medicine--this is the true picture of VA medicine and this is the image we all need to help communicate to the veterans needing treatment, to the health care professions, and to the American public.

X.

CONCLUSIONS

The entire leadership of the VA has now been exposed to the Vietnam Era veteran in face-to-face contact and had the opportunity to interact with him in a direct and open manner. Out of this has grown not only increased understanding of the problems and concerns of these young men but also respect and admiration for them for what they have been through. The full extent of the negative kind of reception these veterans have been experiencing after their return to civilian life is now better realized. It is evident that almost every returning veteran faces indifference and outright hostility because he served his country during this difficult and complex conflict. VA personnel share the shock and anger these young men feel at being the victims of such unfair treatment.

The same kind of distorted and totally unwarranted image of the Vietnam Era veteran exists concerning use of drugs. Despite the fact that serious use of hard drugs is a problem with only one out of twenty veterans, the other nineteen are all too frequently branded in the same way. This is having not only an adverse psychological effect but also a practical one when the young veteran attempts to get a job. Greater sensitivity is certain to be one positive consequence of this knowledge.

One thing that quickly became evident in the Seminars is that when young veterans are really listened to, they communicate remarkably well. Criticisms were rarely unreasonable, often right on target, and were made in a spirit of expectation that if their concerns were understood change would follow. Noteworthy is the fact that their ideas for change were generally applicable to all veterans being served. Only in recreation were they more narrowly concerned, and quite appropriately so.

Attitudes of young veterans usually reflected an intense desire to achieve better communication and rapport with those around them regardless of age. There were almost no instances of "putting down" those older than they and part of the establishment. The simple eloquence of the following "Ten Commandments for VA Employees" prepared by a group of young veterans at the Brecksville, Ohio, VA Psychiatric Hospital dramatically reflects their views:

- I. Find yourself something to believe in and be true to it.
- II. Be fair. Yours isn't the only bag around and yours isn't the only color.
- III. Be free. Do what you want unless it hurts someone else.
- IV. Use wisely. It's the only body you get.
- V. Be strong. Don't compromise because of threats or promises.
- VI. Be peaceful. War destroys and gives no fair return.
- VII. Try to understand. It's what you expect of them.
- VIII. Share. Someone else might not ever experience what you have.
- IX. Keep the faith. If they won't listen to us, we've got time on them.
- X. Above all else, love! It is the only commodity this world has a gross lack of.

"We use positives rather than negatives as we are striving for positive action.

"We will fail and prove again that we, too, are human."

These "ten commandments" were developed in July 1971, in response to a request from that hospital's Vietnam Era Committee for advice on how staff could do a better job.

It is evident that the young veteran to a greater degree than other young people, because of experiences in service and in re-entry to civilian life, is going through a most difficult struggle to find a meaningful role in contemporary society. In this respect the Seminars confirm what was found in the extensive survey conducted by the Department of Medicine and Surgery in the fall of 1970. The full account, entitled "Profile of Today's Veteran," is contained in the appendix of this report. An immediate consequence of this search for meaning and purpose, repeatedly expressed by the veterans on our panels, is an intense need for psychosocial counseling. Such a "cry for help" in meeting human readjustment problems has direct implications for all VA facilities. All have been informed of the importance of meeting this human need of our Vietnam veterans.

The impact of the Seminars has been to intensify efforts at all levels to identify and aggressively act to effect needed change. Station Vietnam Era Committees have been given key roles in this process. These action committees are comprised of staff of different ages and levels of responsibility and also include representation from Vietnam Era veterans, service organizations, and other volunteer groups. At the Central Office level efforts have been continued and expanded in both the Department of Medicine and Surgery and Department of Veterans Benefits. The thrust of these multiple efforts is to assure that the Veterans Administration is consumer oriented and fully responsive to current and changing needs.

It is believed the determination of VA to change, as reflected in the Seminars and what preceded and is now following, has already had significant consequences. First, returning Vietnam Era veterans are experiencing greater understanding and responsiveness and seeing concrete changes in operating policies and procedures. Second, the great majority of employees are encouraged and stimulated by the unmistakable commitment of VA leadership to be responsive and receptive to a process of constructive change. Third, through this commitment to change it is believed VA is demonstrating to all veterans, young people in general, and all concerned citizens that federal agencies can indeed be responsive and worthy of public confidence.

APPENDIX A

Regional Seminar Participants

I. Washington, D. C. -- April 19, 1971

Site: VAH, Washington, D. C.

Host: Aladino A. Gavazzi, Director
VAH, Washington, D. C.

Program Coordinator: Jonathan Cummings, Ph. D.
Chief, Psychology Svc.
VAH, Washington, D. C.

Invocation: Chaplain Roger Braaten
Chaplain Svc.
Dept. of Medicine & Surgery
VACO

Moderators:

Vietnam Veterans Panel: Cecil P. Peck, Ph. D.
Chief, Psychology Div.
Psychiatry, Neurology, &
Psychology Svc.
Dept. of Medicine & Surgery
VACO

Young Employees Panel: Delwin M. Anderson, M. S.W.
Chief, Social Work Svc.
Dept. of Medicine & Surgery
VACO

Wrap-Up Panel: David L. Anderson, M. S.W.
Chief, Social Work Staff
Dept. of Veterans Benefits
VACO

View from Top: Donald E. Johnson,
Administrator of Veterans Affairs
VACO

Olney B. Owen
Chief Benefits Director
Dept. of Veterans Benefits
VACO

Marc J. Musser, M. D.
Chief Medical Director
Dept. of Medicine & Surgery
VACO

II. New York, New York -- April 23, 1971

Site: VAH, N. Y., N. Y.

Host: John V. Sheehan, Director
VAH, N. Y., N. Y.

Co-Host: Paul M. Nugent, Director
VA Regional Office, N. Y., N. Y.

Program Coordinator: Robert E. Addison, M.S.W.
Social Work Svc.
VAH, N. Y., N. Y.

Invocation: Chaplain Solomon Shapiro
VAH, N. Y., N. Y.

Moderators:

Vietnam Veterans Panel: Robert E. Addison, M.S.W.
Social Work Svc.
VAH, N. Y., N. Y.

Young Employees Panel: David L. Anderson, M.S.W.
Chief, Social Work Staff
Dept. of Veterans Benefits
VACO

Wrap-Up Panel: Paul M. Nugent, Director
VA Regional Office
N. Y., N. Y.

View from Top: Donald E. Johnson,
Administrator of Veterans Affairs
VACO

Olney B. Owen
Chief Benefits Director
Dept. of Veterans Benefits
VACO

Marc J. Musser, M. D.
Chief Medical Director
Dept. of Medicine & Surgery
VACO

III. Salt Lake City, Utah -- April 30, 1971

Site: VAH, Salt Lake City, Utah

Host: Wilfred E. Stonebraker, Director
VAH, Salt Lake City, Utah

Co-Host: Elmer T. Smith, Director
VA Regional Office,
Salt Lake City, Utah

Program Coordinator: Clarence H. Hartman, Ph. D.
Chief, Psychology Svc.
VAH, Salt Lake City, Utah

Invocation: Chaplain Alburn Beaudoin
VAH, Salt Lake City, Utah

Moderators:

Vietnam Veterans Panel: Delwin M. Anderson, M.S.W.
Chief, Social Work Svc.
Dept. of Medicine & Surgery
VACO

Young Employees Panel: David L. Anderson, M.S.W.
Chief, Social Work Staff
Dept. of Veterans Benefits
VACO

Wrap-Up Panel: Charles A. Stenger, Ph. D.
Chairman, Vietnam Era
Veterans Committee
Dept. of Medicine & Surgery
VACO

View from Top: Donald E. Johnson,
Administrator of Veterans Affairs
VACO

Olney B. Owen
Chief Benefits Director
Dept. of Veterans Benefits
VACO

Benjamin B. Wells, M. D.
Deputy Chief Medical Director
Dept. of Medicine & Surgery
VACO

IV. Houston, Texas -- May 6, 1971

Site: VAH, Houston, Texas

Host: John W. Claibourne, Jr., M. D.
Director, VAH, Houston, Texas

Co-Host: Percy J. Mims, Director
VA Regional Office
Houston, Texas

Program Coordinator: Sidney E. Cleveland, Ph. D.
Chief, Psychology Svc.
VAH, Houston, Texas

Invocation: Chaplain Ernest Melchert
VAH, Houston, Texas

Moderators:

Vietnam Veterans Panel: Sidney E. Cleveland, Ph. D.
Chief, Psychology Svc.
VAH, Houston, Texas

Young Employees Panel: Eleanor H. Kyle, M. S.W.
Social Work Svc.
Dept. of Medicine & Surgery
VACO

Wrap-Up Panel: Charles A. Stenger, Ph. D.
Chairman, Vietnam Era
Veterans Committee
Dept. of Medicine & Surgery
VACO

View from Top: Donald E. Johnson,
Administrator of Veterans Affairs
VACO

Olney B. Owen
Chief Benefits Director
Dept. of Veterans Benefits
VACO

Benjamin B. Wells, M. D.
Deputy Chief Medical Director
Dept. of Medicine & Surgery
VACO

V. Chicago, Illinois -- May 14, 1971

Site: Chicago Sheraton Hotel

Host: Charles M. Turner, Director
VAH, Chicago, Ill. (Research)

Co-Host: John B. Naser, Director
VA Regional Office
Chicago, Ill.

Program Coordinator: Morton Hammer, Ph. D.
Chief, Psychology Svc.
VAH, Chicago, Ill. (Research)

Invocation: Chaplain Donald Everhart
VAH, Chicago, Ill.

Moderators:

Vietnam Veterans Panel: Roy Brener, Ph. D.
Chief, Psychology Svc.
VAH, Hines, Ill.

Young Employees Panel: David L. Anderson, M.S.W.
Chief, Social Work Staff
Dept. of Veterans Benefits
VACO

Wrap-Up Panel: Charles A. Stenger, Ph. D.
Chairman, Vietnam Era
Veterans Committee
Dept. of Medicine & Surgery
VACO

View from Top: Donald E. Johnson,
Administrator of Veterans Affairs
VACO

Olney B. Owen
Chief Benefits Director
Dept. of Veterans Benefits
VACO

Benjamin B. Wells, M. D.
Deputy Chief Medical Director
Dept. of Medicine & Surgery
VACO

Note: The following named persons participated in all five of the Seminars in the manner indicated.

Donald E. Johnson
Administrator of
Veterans Affairs

Keynote Speaker
Rap Groups

Charles A. Stenger, Ph. D.
Chairman, Vietnam Era
Veterans Committee
Dept. of Medicine & Surgery
VACO

Seminar Moderator
Dept. of Medicine & Surgery
Program Coordinator
Rap Groups

David L. Anderson, M. S.W.
Chief, Social Work Staff
Dept. of Veterans Benefits
VACO

Dept. of Veterans Benefits
Program Coordinator
Rap Groups

Larry T. McKinstry, M. D.
Chief, PMRS Svc.
VA Center, Biloxi, Miss.

Member, Young Employees Panel
Rap Groups

Roger K. Bauer, J. D.
Staff Representative
Administrators Youth
Committee

Member, Young Employees Panel
Rap Groups

APPENDIX B

Statement of Honorable Strom Thurmond of South Carolina concerning the Veterans Administration Program (Congressional Record of the Senate for June 22, 1971.)

"Mr. President, for the benefit of all those people who are interested in a more responsive government, I want to describe a Veterans Administration program which provides a model in developing new avenues of communication between a Government agency and the public it serves.

"The able Administrator of Veterans Affairs, Donald E. Johnson, has just completed a series of seminars that brought him and key members of this agency in face-to-face contact with a cross section of a group to whom this Nation owes the greatest debt -- Vietnam veterans.

"Administrator Johnson held five meetings in Washington, D. C., New York, Salt Lake City, Houston, and Chicago. During these meetings the top management officials of VA's 165 hospitals and 57 regional offices were brought together in specially designed seminars.

"Mr. President, an important feature of each of these meetings was a panel of Vietnam veterans who were encouraged to speak frankly with regard to their feelings about the services they receive from VA hospitals and benefit offices. These panels provided some new insights into how Government services come across to young people. These panels also brought out some shocking incidents of hostile attitudes some of these young men encountered when they returned to their home communities and families after serving their country overseas.

"Behind the Veterans Administration seminars is a sincere desire on the part of top VA officials to make needed changes and stimulate greater awareness and appreciation of the young veteran as a person.

"Mr. President, Administrator Johnson opened the meetings with a statement that included this challenge:

All of us must get a better feel for what it meant to be in Vietnam, the impact of re-entry into civilian life, and the expectations veterans have of VA, as well as how these expectations are being met. The Vietnam Era veteran constitutes a unique, complex, and major challenge to the Veterans Administration and to the nation.

Their problems are unique because these are the first veterans who, despite their service and sacrifices, are not assured of the respect and appreciation of all their countrymen.

Their problems are made more complex because today's veterans are full members of a generation of young people who have lived their entire lives in a period of rapid and unprecedented changes in our society.

"It seems apparent to me that the Veterans Administration is in a unique position to help all young people--veterans and nonveterans--understand their Government better. The VA can play a major role in enabling young people in general to have confidence in their country and influencing them to seek meaningful and constructive changes in our society.

"I feel that the Veterans Administration has the necessary compassion and understanding to carry out these goals as evidenced by these seminars and by a recent memorandum Donald Johnson sent to all VA field stations in a follow-up to the seminars.

"Mr. President, I ask unanimous consent that the above referenced memorandum be printed in the Extensions of Remarks.

"There being no objection, the memorandum was ordered to be printed in the Record, as follows:

Memorandum

To: Directors, All Field Stations
From: Administrator (00)
Subject: Seminars on the Vietnam era veteran

1. Our recent discussions on the Vietnam veteran brought out a number of points that require re-emphasis, the major point being that the seminars in Washington, New York, Salt Lake City, Houston, and Chicago were only a beginning.

2. Weaknesses in these first meetings, apparent to all of us, and the sometimes unjustified complaints we heard about VA services, should not in any way obscure the real issues raised during the conferences.

3. The major recurring problem areas identified by those of us who attended all five conferences included:

- a. Staff attitude, behavior, and communication.
- b. Poor comprehension of benefits information.
- c. Outreach, especially in rural and ghetto areas.
- d. Delays in admission procedures and outpatient services.
- e. Telephone jams.
- f. Compensation and pension examinations.
- g. Growing need for drug abuse treatment.
- h. Other than honorable discharges.
- i. Insufficient collaboration between DVB and DM&S.
- j. Need to ease the transition from military to VA hospitals by such things as providing more recreational opportunities in VA hospitals.

4. A number of proposed Central Office steps to deal with these problems are being studied collaboratively between DM&S and DVB, but your own programs for dealing with them should not be delayed in anticipation of detailed guidance from Central Office. The

aggressive steps taken already by a number of hospitals and regional offices make it quite clear that most of the field stations have both the talent and the resources to deal with most of these problems imaginatively without continued stimulation from higher authority.

5. Steps need to be taken at every supervisory level to overcome the problems brought on by any non-communicative, poorly motivated employees. Special attention must be given to overcoming unnecessary delays in admissions, outpatient services, and benefits application processing. Each supervisor must, in addition to examining his own attitudes, exercise his management skills and other qualities of personal leadership to overcome any vestige of bureaucratic attitudes that tend to perceive the consumer as one who should be patient and grateful for whatever he gets.

6. It has been my observation that the vast majority of VA employees have the more constructive attitude that the veteran-consumer is his primary concern, that he has rights, and that VA has, as a fundamental responsibility, the obligation to meet these rights effectively, expeditiously, and politely. Attitudes other than this cannot be condoned in either professional or administrative personnel.

Donald E. Johnson,
Administrator."

APPENDIX C

PROFILE OF TODAY'S VETERAN

This profile is based on the extensive survey made of all VA health care facilities in late 1970 by the Vietnam Era Veterans Committee of the Department of Medicine and Surgery. Five characteristics are identified in which today's veteran is different from his predecessors. He is a full member of his generation but in addition has experienced military service during a complex period and returned to a society that received him in a manner unlike that ever before experienced by those who served their country. The findings of this survey have been repeatedly confirmed both within and without VA. The five Regional Seminars just completed add further substantiation to the conclusions reached and the resulting implications for action.

The most obvious characteristic of today's veteran is his assertive response to authority. He is less willing to accept authority in a compliant manner and quite willing to question and even to challenge it. This is in contrast to veterans of prior periods of service who tend to comply with regulations even when they seem arbitrary or with decisions for which no meaningful explanation has been given.

The young veteran feels strongly that he has the right to know about things that affect him and to have a voice in them. He is quite willing to exercise this right. It is important this not be misunderstood as simply opposition to authority; rather, his basic sense of identity as an individual is involved. When he is not consulted he does not count -- and this is unacceptable to him. He is quite prepared to refuse to comply and to risk the consequences for doing so. The issue is not whether the decisions reached serve his own good, for they often do, but that he participate in the decision-making process.

It should be recognized that this characteristic of today's veteran is shared with youth in general. Even such strongholds of authority as football coaches have remarked that players no longer accept training rules and practice routines automatically. Instead, they request explanations that are convincing, risking their place on the team if need be.

It is important that the distinction be clearly understood between the deep urge to be treated as an individual, which typifies most young veterans, and the destructive disregard by a small segment of society for all but their own wishes and aspirations. The former is perceived as a right of all and appears to be a healthy response to an increasingly crowded, automated, and technological society; the latter is a gross rejection of social values essential for the survival of a society.

This assertion of autonomy on the part of young veterans can have an unsettling effect on personnel who, by the very nature of hospital operations, function as a part of a highly regimented environment. For many young

veterans the routine reply "doctor's orders" is not sufficient whether given by the aide, nurse, or physician himself. Similarly, with hospital rules and regulations. Unless they "make sense" he often will not accept or respect them. Instead he is likely to perceive them as being used simply to "put him down." It should be noted that older veterans, perhaps influenced by their younger colleagues and by the same socio-technological conditions that produced today's youth, are becoming less compliant. It is evident many would welcome the same changes in approach insisted upon more vocally by the younger veteran and few would object.

The implication should be clear to hospital administrators and all those involved in the treatment process -- institutional routines need to be re-examined in light of current conditions, and methods of managing patients reconsidered in light of changed attitudes if the younger veteran's health care needs are to be effectively met. Experiences have already indicated that when he does understand, he usually cooperates willingly and responsibly. Abdication by hospital staff of responsibilities essential for effective medical care to capricious whims of young patients is not the issue, rather it is the manner in which these responsibilities are applied with flexibility to meet the individual patient's need for human understanding and consideration.

The second characteristic common to the young veteran is the expectation that authority, whatever its form, will not be responsive to his intense need to be treated as an individual with a right to a voice in things that affect him. Instead, there is the anticipation that he will be pressed to conform regardless of his personal feelings and desires. There is a built-in readiness to react by direct confrontation, by physical withdrawal or by reduced psychological involvement. The latter response is often referred to as being "turned-off." It exists in varying degrees in young veterans and young people. In its most extreme form it means alienation from the values of one's society, functional isolation, and a sense of meaninglessness in life and one's role in it. More simply, it is manifested in degrees of bitterness, distrust, and suspicion of those in positions of authority and responsibility.

Military service, of necessity, subjects young people to a highly disciplined and controlled style of life. The reasons for this are understood and accepted by most young people in the service; nevertheless, it reinforces the image of authority as arbitrary and unresponsive. In addition, the impact of combat experiences in a conflict about which there are conflicting views and for which he receives mixed reactions upon his return to civilian life, is that of increasing the readiness of the young veteran to be "turned-off" by subsequent experiences. This is particularly so if he was wounded.

Third, the young veteran typically shares with young people in general a sense of uncertainty and lack of optimism about life, with a resultant absence of direction or goals. Frequently there is a conviction that institutions are not going to change on their own and that he is powerless to change them. As a consequence, the young veteran reflects less interest in long range planning for the future and greater interest in short term satisfactions, the "Now" phenomenon. Despite uncertainty about how he will fit into life, often there is a surprising lack of drive to better prepare himself vocationally or motivation for personal change and growth. Instead, there is a strong

tendency to identify problems as due to the inadequacies of institutions and society rather than inadequacies within himself. Paradoxically, while the young veteran exhibits greater concern for human values and social change, there is a decreased feeling of social responsibility. This appears related to pessimism that institutions cannot be changed to make them more responsive.

Fourth, in striking contrast to uncertainties about adult society and institutions, the young veteran characteristically feels an intense positive identification with his own age group. This is more than the typical sharing of common interests and activities. There is an active seeking of mutual support for attitudes and values. These concerns are frequently the focus of conversation rather than the more casual topics and interests of older veterans. Also, there is an unspoken "pact of youth" which assures mutual safety from threats to their sense of individual identity. For example, there is considerable tolerance for differences in modes of dress and behavior. On the other hand, distinct behavioral patterns appear to have group sanction for assertions of autonomy against authority. Use of marijuana, loud music, style of hair, and manner of response to authority are examples.

Fifth, young veterans typically exercise less controls over emotions and feelings. There is a marked tendency toward both impatience and impulsivity. Older veterans, by contrast, characteristically attempt to suppress feelings and tolerate delays. The difference is documented by a trend away from symptoms reflecting underlying tensions to "acting-out" type of behaviors. The increased incidence of suicidal attempts is one example of the serious form this can and does take.

There is danger in over-generalizing but there is greater danger in failing to be sensitive to these distinctive characteristics of the younger veteran. The way in which he is treated as a person can appreciably reduce or increase the degree of distrust or alienation experienced in the hospital and, subsequently, in his community. It is important to recognize that in VA health care facilities we have become accustomed to the way in which veterans from past periods of service have accepted and adapted to hospital regulations and treatment procedures. As a result, we have developed a set of expectations as to how veterans "should" look and how they "should" act. Just as we may fail to meet the young veteran's expectations, he may fail to conform to ours. It is essential that hospital staff at all levels recognize the disquieting if not negative impact these differences may have and the subtle ways this can affect their functioning. There is the very human tendency to respond with disapproval to those whose values, modes of behavior, and style of dress differ from our own. It is not necessary to embrace such values but it is necessary to respect the right of the young veteran to have them. One cannot forget that by his service and sacrifice in a most difficult and complex conflict, the young veteran has earned his right to health care benefits. He does not lose this right simply because we may not understand or approve of his appearance or his approach to life. The responsibility is ours and we must meet it if this nation's obligation to its new veterans is to be fulfilled.

APPENDIX D

STATISTICAL INFORMATION

1. Participants and Living Veterans of America's Wars (thru June, 1971)

<u>War</u>	<u>Participants</u>	<u>Deaths in Service</u>	<u>Living Veterans</u>
American Revolution (1775-1784)	290,000	4,000	-----
War of 1812 (1812-1815)	287,000	2,000	-----
Mexican War (1846-1848)	79,000	13,000	-----
Civil War (Union) (1861-1865)	2,213,000	364,000	-----
Indian Wars (1817-1898)	106,000	1,000	1
Spanish American War (1898-1902)	392,000	11,000	4,000
World War I (1917-1918)	4,744,000	116,000	1,408,000
World War II (1940-1947)	16,535,000	406,000	14,294,000
Korean (1950-1955)	6,807,000	55,000	5,887,000
Post-Korean (1955-1964)	3,195,000	20,000	3,119,000
Vietnam Era (after Aug. 4, 1964)	7,967,000	86,000	5,138,000
TOTALS*	42,615,000	1,078,000	28,288,000

*Totals for each specific period of service exceed overall total because some participants served during more than one period. The Vietnam Era includes all who served after Aug. 4, 1964 regardless of where they served (Approximately 38% served in Southeast Asia). Remaining on active duty-- 2,715,000.

Source: VA Office of Controller

2. Mortality and Morbidity of Vietnam Era Veterans (World-Wide)

a. Total Deaths in Service (World-wide)	86,000 ^{a/}
Deaths in Vietnam	55,270 ^{b/}
Direct Result of Hostile Action	45,501
Other Cases (aircraft accidents, etc.)	9,769
Deaths World-Wide (excluding Vietnam) (estimate based on average strength of armed forces)	31,000 ^{a/}
b. Deaths in Civilian Life (after discharge)	28,000 ^{a/}
d. Missing and/or Captured in Vietnam	1,457 ^{b/}
d. Service Connected Disabilities	244,567 ^{a/}
Type: Medical	196,176 (80%)
Psychiatric	48,391 (20%)
Totally Disabled	21,948 (9%)

Sources: ^{a/} VA Office of Controller
^{b/} Dept. of Defense Casualty
 - Report Jan. 1, 1961-
 Sept. 11, 1971

3. Age of Vietnam Era Veterans (VA Controller)

Average Age of VN Veterans at time of Separation----	26.9
--with Service in Korean Conflict-----	45.6
--no Service in Korean Conflict-----	25.7

4. Admission Trends of Vietnam Era Veterans to VA Hospitals

<u>Fiscal Year</u>	<u>Total VN Admissions</u>	<u>% of All Admissions</u>	<u>% of VN Admission who were service-connected</u>
FY68 (9 months)	21,510	4%	31%
FY68 (estimated 12 mos.)	28,680	4%	31%
FY69 (12 months)	44,715	6%	35%
FY70 (12 months)	66,519	9%	37%
FY71 (12 months)	87,303	12%	35%

Admission Trends of Service-Connected Vietnam Veterans

<u>Fiscal Year</u>	<u>Total SC Admissions</u>	<u>General Hospitals</u>	<u>Psychiatric Hospitals</u>
FY68 (9 months)	6,804	5,303	1,501
FY68 (estimated 12 mos.)	9,072	7,070	2,002
FY69 (12 months)	15,872	12,930	2,942
FY70 (12 months)	24,831	20,800	4,031
FY71 (12 months)	30,538	25,486	5,052

- Note: 1) A 31% increase in hospital admissions occurred in FY71 over FY70.
- 2) The percent of service-connected admissions appears to be leveling off at about 35% of all VN admissions. For psychiatric hospitals alone, the rate is 47% of all VN veterans admitted.
- 3) The 30,538 SC Vietnam Era veterans admitted during FY71 represent 4% of all admissions to VA hospitals.
- 4) The 87,303 Vietnam Era veterans admitted to VA hospitals constituted 12% of all admissions to general hospitals and 16% of all admissions to psychiatric hospitals.

Source: VA Office of Controller

5. Vietnam Era Veterans and Use of Educational Benefits

Comparison for Three GI Bills: First 61 Months

<u>Period of Service</u>	<u>Veterans</u>	<u>Trainees</u>	<u>Participation Rate</u>
World War II	15,182,000	6,146,869	40.5%
Korean Conflict	5,171,000	1,908,365	39.9%
Vietnam Era	5,138,000	1,807,898*	35.2%

*Includes 191,038 active duty servicemen

Source: Dept. of Veterans Benefits

Note: It is anticipated that use of the GI Bill by Vietnam Era veterans will equal or exceed that by WW II and Korean veterans. The seemingly lower utilization rate for Vietnam Era veterans is largely a result of the gradual discharge procedure compared with the massive demobilization after WW II. Thus, many Vietnam veterans have simply had a shorter period of time in which to enter training.

6. Education Level of Vietnam Era Veterans at Separation and Trainees at Application Compared with WW II and Korean Conflict (thru June 30, 1971)

<u>Period of Service</u>	<u>Less than High School</u>	<u>High School</u>	<u>Some College</u>
<u>World War II</u>			
All Veterans at Separation	54.6%	26.3%	19.1% ^{a/}
All Trainees at Application	45.2%	38.5%	16.3% ^{b/}
<u>Korean</u>			
All Veterans at Separation	37.5%	43.5%	19% ^{a/}
All Trainees at Application	29%	44.5%	26.5% ^{b/}
<u>Vietnam</u>			
All Veterans at Separation	15.3%	64.2%	20.5% ^{a/}
All Trainees at Application	7.2%	71.2%	21.6% ^{b/}

Sources: ^{a/} VA Office of Controller ^{b/} Dept. of Veterans Benefits

7. Type of Educational Training Obtained by Vietnam Era Veterans (cumulative thru June 30, 1971)

<u>Type</u>	<u>Number</u>	<u>Percent</u>	<u>(Full-Time Only)</u>
College	953,776	59%	38%
Below College	505,418	31%	10%
On-The-Job-Training	157,666	10%	10%
TOTALS	1,616,860	100%	58%

Note: Of those training below the college level, 28,000 enrolled to complete high school; 447,738 enrolled for vocational-technical training; 27,335 for flight training; and 1,745 in farming.

Source: Dept. of Veterans Benefits